Riding the Wave: Supporting Learners Experiencing Grief

Hadley Bloomhardt, MD
Attending Physician, Pediatric Advanced Care Team
Dana-Farber Cancer Institute/Boston Children’s Hospital
Instructor, Harvard Medical School

Sarah Tremallo, MSW, LCSW
Pedi Pal Social Worker
Good Shepherd Community Care

February 9, 2024
Disclosures

- The speaker(s) do not have any financial relationships to disclose.
To receive credit for today’s BCH Academy Seminar:

Text 4462 ➔ 617-648-7950
The Night Shift
“You don’t cry now. Do your work, and you cry later when you get home.”
Poll: When teaching health professional learners in difficult situations or caring for patients at end of life, what is one word to describe what they are experiencing?
Do healthcare professionals grieve?
Healthcare professionals' grief is unique, underdiscussed, and a critical educational opportunity to shape how learners process their grief.
Learning Objectives

- Define learner grief in the health professions and describe models of grief processing
- Understand the vulnerability of learners experiencing grief, and the connection to well-being
- Apply the TEARS framework for supporting learners experiencing grief
Learning Objectives

Define learner grief in the health professions and describe models of grief processing.

Understand the vulnerability of learners experiencing grief, and the connection to well-being.

Apply the TEARS framework for supporting learners experiencing grief.
What is grief?

1. Abruptly, even if you have had warning, everything is transformed.
2. Unseen forces sometimes sweep you off balance.
3. There are occasional sudden downpours.
4. At times, there’s pain that seems almost insultingly excessive.
5. Other times, for stretches, you get surprising breaks of sunshine.
6. Ordinary tasks on some days prove oddly more daunting.
7. Yet you feel guilty complaining, as many have it much worse.

Beth Wolfensberger Singer
Kübler-Ross Stages of Grief

- Denial
- Anger
- Bargaining
- Depression
- Acceptance
A more accurate depiction of grief

Stages of Grief

The experience you expected:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

The experience you got:

- Bargaining
- Anger
- Denial
- Depression
- Acceptance

Source: Unknown
“Grief is like the ocean; it comes in waves, ebbing and flowing.

Sometimes the water is calm, and sometimes it is overwhelming.

All we can do is learn to swim”

Vicki Harrison
Models of Grief
Dual process model of coping with bereavement

Stroebe & Schut 1999
Healthcare professionals’ grief may occur in a similar dual process model as presented by Papadatou (2000). The model includes factors such as institutional and cultural context, “lifestyle” with idioclastic beliefs, values, assumptions about self, others, life and personal loss-history, as well as “work style” with unit’s goals, values, assumptions about care in illness, dying, death and rules regarding professional conduct. The model also illustrates the processes of meaning-making and loss transcendency, as well as experiencing grief and avoiding or repressing grief.
Healthcare professional experiences of patient death and grief
Lack of guidance
Isolation
Sense of responsibility
Personal experience with loss
Uncertainty
Connection with patient & family
Lack of closure
Exhaustion
Guilt
Inadequacy
Failure
Patient death
Self-questioning
Helplessness
Jackson et al. 2005; Granek et al. 2012
Team members are expected to support each other in their grief. They can share feelings and thoughts with colleagues;

Such sharing, however, must be limited to specific times of formal or informal gatherings and must be repressed when tending to the care of other children.
Grief in pediatrics is unique

Against the natural order

“It’s someone’s baby. It’s a child. You know, they’re not supposed to die...it’s an innocent human that hasn’t had a chance to live.” (Curcio 2017)

Failure/Guilt

“And even though you knew you did everything right you still question yourself. This child was not supposed to die, so what did we do wrong?” (Saunders 1997)

Connection

“I see them a little bit of my personal loss. I don’t see just patients as patients, I think given that we’re dealing with children who have a really close relationship to them” (Granek 2015)
Differences in grief experience?

Physicians
- Death is rarely discussed
- Lack of guidance
- Emotional reaction viewed as negative
- More avoidance, private processing
- More distress being present at time of death due to feelings of helplessness

Nurses
- Often seek support from colleagues
- Nurse-family unit relationship impacts grief experience - often seek closure (letters, attend funeral)
- Impacted greatly by lack of time and resources to process their grief

Social Workers
- Clinical supervision is required
- Reflection is ingrained in the profession
- Professional self-care is paramount for competent and ethical practice (Code of Ethics)
- Grief and loss courses are often offered as part of training
BCRP Pediatric Resident Survey:

58% of respondents expressed not having sufficient resources to cope with patient death

Desired resources:
- More consistent, timely, and inclusive debriefs
- Time off to process
- Follow up from attendings or counselor to check in

Unpublished data – Bloomhardt et al.
POLL: What do these real stories bring to mind for you?
Learning Objectives

- Define learner grief in the health professions and describe models of grief processing
- Understand the vulnerability of learners experiencing grief, and the connection to well-being
- Apply the TEARS framework for supporting learners experiencing grief
The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water and not get wet.

Rachel Naomi Remen, MD
Unprocessed grief can impact healthcare professionals

Box 1. Potential Impact of Unexamined Physician Feelings on Patient Care and Physician Well-being

Impact on Patient Care
- Poor-quality patient care
- Failure to identify patient-specific and family-specific values influencing decisions
- Incoherent care goals
- Increased health care use and inappropriate use of life-sustaining medical technologies because of failure to engage in time-consuming decision processes, lack of clarity about care goals
- Patient and family mistrust of health care system and medical profession
- Avoidance leading to increased medical complications and length of hospital stay

Impact on Physicians
- Professional loneliness
- Loss of professional sense of meaning and mission
- Loss of clarity about the ends of medicine
- Cynicism, helplessness, hopelessness, frustration
- Physician anger about the health care system and the practice of medicine
- Loss of sense of patient as a fellow human being
- Increased risk of professional burnout, depression

Meier et al. 2001; Jackson 2014
46% of pediatric oncology physicians feel drained from working with dying patients and families

Multidisciplinary providers across a children’s hospital had similar compassion fatigue and more burnout than a group of trauma workers

>10% of physicians experienced physical symptoms as response to patient death

(Jensen et al. 2017)  
(Robins et al. 2009)  
(Moores et al. 2007)
End of life care evokes a strong emotional response in learners

Tension around loss of personhood:

“If I’m going to learn about the most traumatic experience of this kid’s life, the least I can do is honor him as a person as I’m doing it.”

Unease with emerging professional identity:

“You go to the ICU, and people don’t get better. They die. You try things, and they die. The more you do, the more horrific their death.”

Emotional dissonance:

“I had my moment of burnout when I was on heme/onc...a day where I just couldn’t stop crying and didn’t really know why that was. It was a day off...I just started crying and I couldn’t stop. I literally felt like I was falling apart”

Gibbon et al 2023
Learners are more likely to use **disengaged** coping strategies:

“I started to numb, I felt nothing the team was doing was going to change the outcome. The family had been through so much. I kept thinking about that for too long, over too many weeks. I was dead inside, a sense of nothingness.”

“I had recurrent and vivid nightmares about the night I almost put her on ECMO. I was squeezing air out of her chest for hours. She was gasping for air and whenever there is a baby who is near death, [I have] significant flashbacks.”

Wolfe et al 2022, Jackson et al 2005
Learning Objectives

1. Define learner grief in the health professions and describe models of grief processing.
2. Understand the vulnerability of learners experiencing grief, and the connection to well-being.
3. Apply the TEARS framework for supporting learners experiencing grief.
Identifying and supporting the needs of learners who experience grief:

- TURN INWARD
- EXPLORE
- ACKNOWLEDGE
- RESOURCES
- SUPPORT
• Recognize your own reactions

• Care for yourself before/as well as others

• Remember to breathe
• Ask permission
• Bring curiosity
• Listen
• Providers do experience grief

• Everyone processes loss differently

• Acknowledge different grief reactions

Papadatou, 2001; Saira Malik Rahman
- Individual practices
- Team/System-wide practices
Rituals

- Individual rituals
- Bereavement Cards/Calls
- Team and hospital-wide memorial services

Montross-Thomas 2016; Morris et al. 2019; Schoenborn et al. 2013
Relationships

Psychosocial providers

Team debriefs

Mentor / supervisor support

Forster, 2015; Moores, 2007; Rushton, 2006; Snaman et al., 2022
Time

PACT
Pause

Round the next day

Compassion rounds/death rounds

Creativity

Narrative improv programs

Peer supported story telling

Code Lavender

Arora et al. 2022; Mehta et al. 2020; MacPherson 2008; Stone 2018
Specific Resources at BCH

- Office of Clinician Support (OCS)
- DOCS peer support program
- Online therapy
- Employee Assistance Programs (EAP) / KGA
- Chaplaincy
- PACT
Immediate

Short-term

Longer-term

SUPPORT
Identifying and supporting the needs of learners who experience grief:

- **TURN INWARD**
- **EXPLORE**
- **ACKNOWLEDGE**
- **RESOURCES**
- **SUPPORT**
Breakout Discussion

● Imagine you are the educator supporting the learner in one of the cases described earlier, or a situation you’ve been in:
  ○ Apply the TEARS framework
  ○ What other resources or strategies might you use?
Healthcare professionals' grief is unique, underdiscussed, and a critical educational opportunity to shape how learners process their grief.

The TEARS framework is a tool educators can use to identify and support learners who may be experiencing grief.
Acknowledgements

The patients and families who are our greatest teachers

BCH Medical Education Academy for Teaching and Educational Innovation and Scholarship; Lori Newman, MEd, Eva Gomez, MSN, RN, NPD-BC CPN, Ginny Do, Katie Huth, MD, MMSc, FRCPC

Jennifer Snaman, MD, Nicholas Purol, LICSW, Sue Morris, PsyD, Amanda Moment, LICSW, Rachel Rusch, LCSW, Kristin Drouin, LICSW

BCH/DFCI PACT Team

Good Shephard PediPal Team
Questions?
Please help us improve this session and assess its impact by completing the optional post-session survey!

[QR Code]