



Riding the Wave: Supporting Learners Experiencing Grief

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- The speaker(s) do not have any financial relationships to disclose.

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Seminar:

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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?

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Do healthcare professionals grieve?

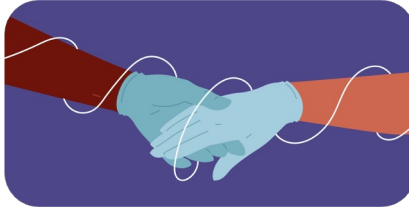
Healthcare professionals grief is unique, underdiscussed, and a critical educational opportunity to shape how learners process their grief.



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

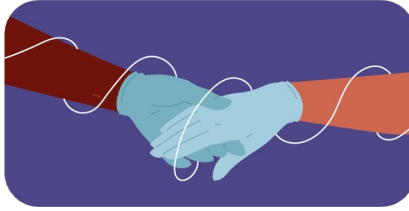


Apply the TEARS
framework for
supporting
learners
experiencing grief

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What is grief?

IS THIS **GRIEF** OR JUST NEW ENGLAND WINTER?

A checklist to help you decide ➡

❄️ AFFECTING ABOUT 9 MILLION IN THE US
DUE TO COVID DEATHS ALONE.

❄️ BESETTING ROUGHLY 15 MILLION
OF US ANNUALLY.

1. Abruptly, even if you have had
warning, everything is transformed.



☐ Grief ☐ New England winter

2. Unseen forces sometimes
sweep you off balance.



☐ Grief ☐ New England winter

3. There are occasional
sudden downpours.



☐ Grief ☐ New England winter

4. At times, there's pain that seems
almost insultingly excessive.



☐ Grief ☐ New England winter

5. Other times, for stretches, you
get surprising breaks of sunshine.



☐ Grief ☐ New England winter

6. Ordinary tasks on some days
prove oddly more daunting.



☐ Grief ☐ New England winter

7. Yet you feel guilty complaining,
as many have it much worse.



☐ Grief ☐ New England winter

Kübler-Ross Stages of Grief



A more accurate depiction of grief





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

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

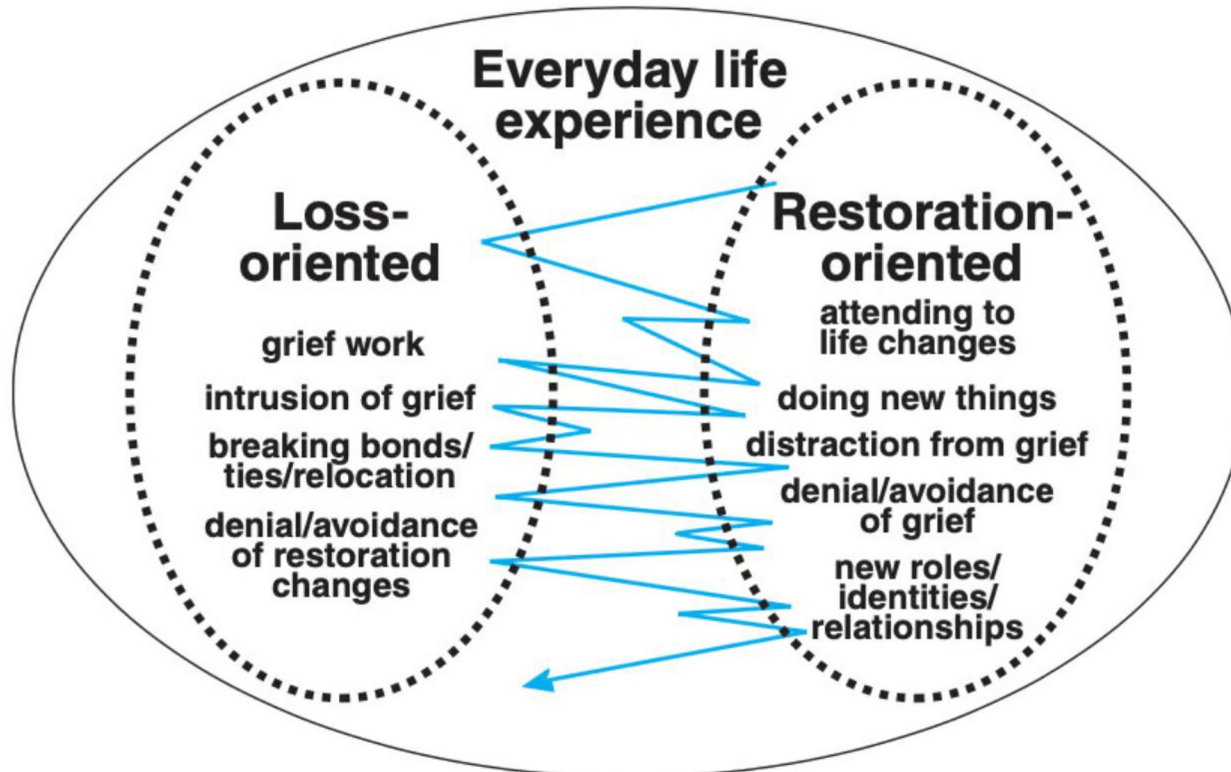
All we can do is learn to swim”

Vicki Harrison

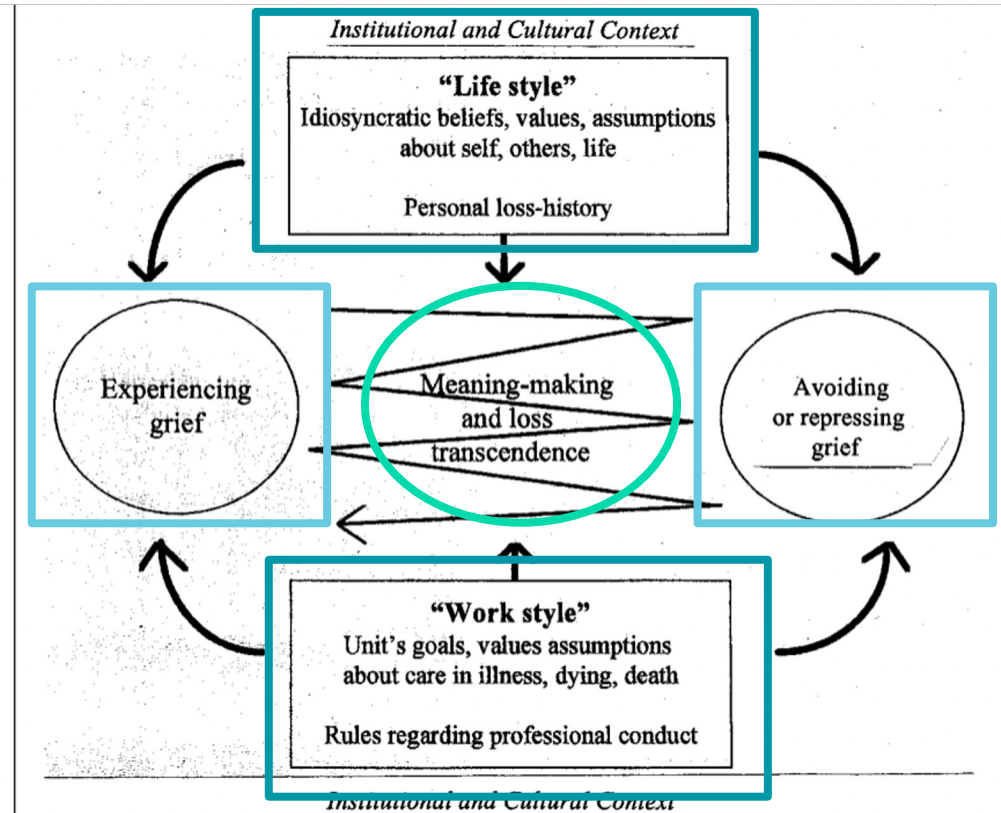
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Models of Grief

Dual process model of coping with bereavement

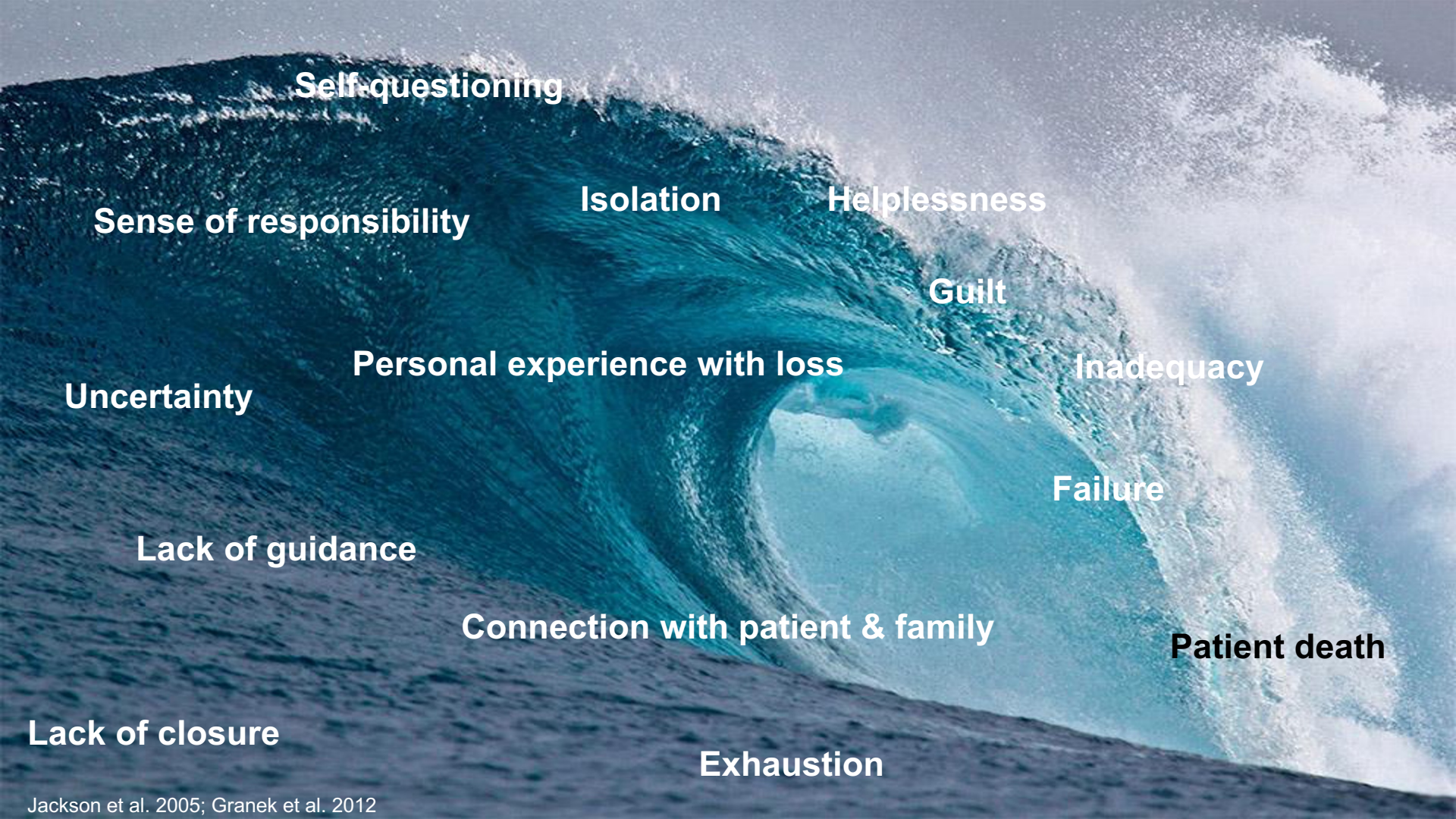


Healthcare professionals grief may occur in a similar dual process model



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Healthcare professional experiences of patient death and grief



Self-questioning

Sense of responsibility

Isolation

Helplessness

Guilt

Inadequacy

Failure

Patient death

Exhaustion

Connection with patient & family

Lack of guidance

Uncertainty

Personal experience with loss

Lack of closure

Expectations about Healthcare Professionals Grief



Health professionals are expected to maintain professional boundaries and relationships. They are expected to be serious and professional when caring for children.

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.

Health professionals **should** express their emotions.

Health professionals should express their emotions. However, **must** not

Health professionals must never be impaired

Health professionals must not or lead to a personal breakdown.

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?

- 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

Physicians

- 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

Nurses

- 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

Social Workers

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

Health Professions Learner Voices

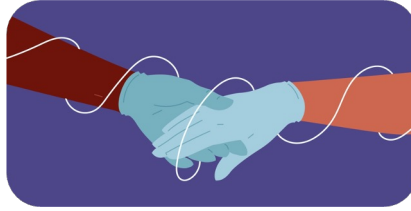


POLL: What do these real stories bring to
mind for you?

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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 in 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 system and the practice of medicine

Loss of sense of patient as a fellow human being

Increased risk of professional burnout, depression

The cost of caring

46% of pediatric oncology physicians feel drained from working with dying patients and families

(Jensen et al. 2017)

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

(Robins et al. 2009)

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

(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"



Vulnerability of Inexperience

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.”

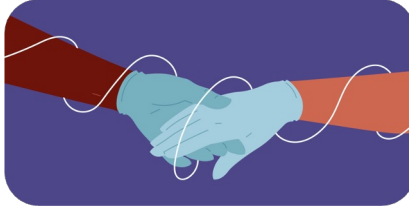


Wolfe et al 2022, Jackson et al 2005

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Identifying and supporting the needs of learners who experience grief:



TURN INWARD



EXPLORE



ACKNOWLEDGE



RESOURCES



SUPPORT



TURN INWARD

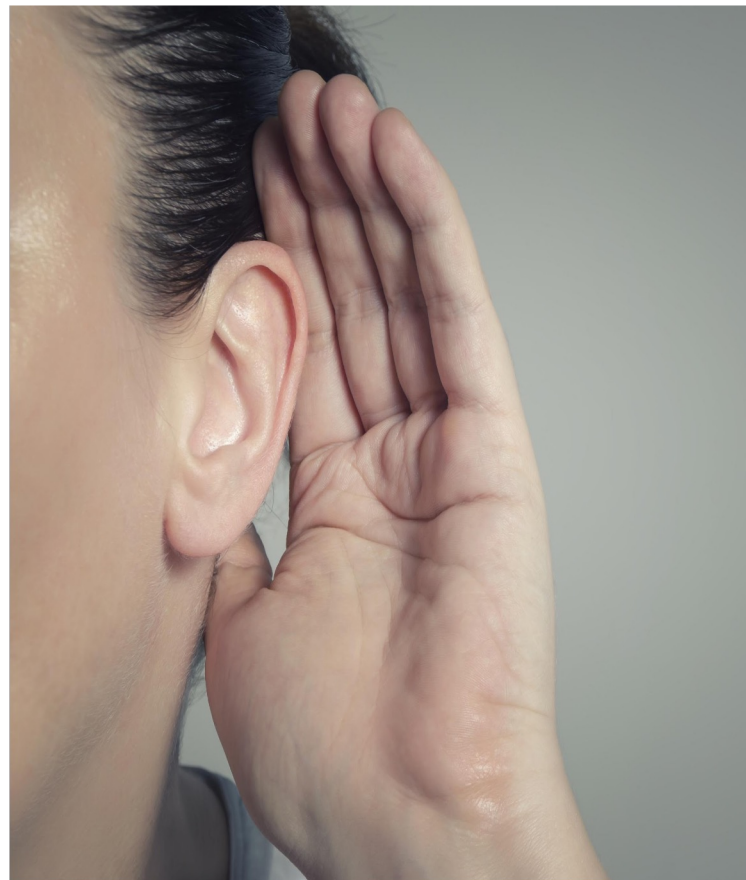
- **Recognize your own reactions**
- **Care for yourself before/as well as others**
- **Remember to breathe**





EXPLORE

- **Ask permission**
- **Bring curiosity**
- **Listen**



A

ACKNOWLEDGE

- **Providers *do* experience grief**
- **Everyone processes loss differently**
- **Acknowledge different grief reactions**



R

RESOURCES

- **Individual practices**
- **Team/System-wide practices**



Rituals



Relationships



Time



Creativity

Rituals

**Individual
rituals**

**Bereavement
Cards/Calls**

**Team and
hospital-wide
memorial
services**



Relationships

**Psychosocial
providers**

**Team
debriefs**

**Mentor /
supervisor
support**



Time

**PACT
Pause**

**Round the
next day**

**Compassion
rounds/
death rounds**



Creativity

**Narrative
improv
programs**

**Peer
supported
story telling**

**Code
Lavender**



Specific Resources at BCH

Office of Clinician Support (OCS)

DOCS peer support program

Online therapy

Employee Assistance Programs (EAP) / KGA

Chaplaincy

PACT

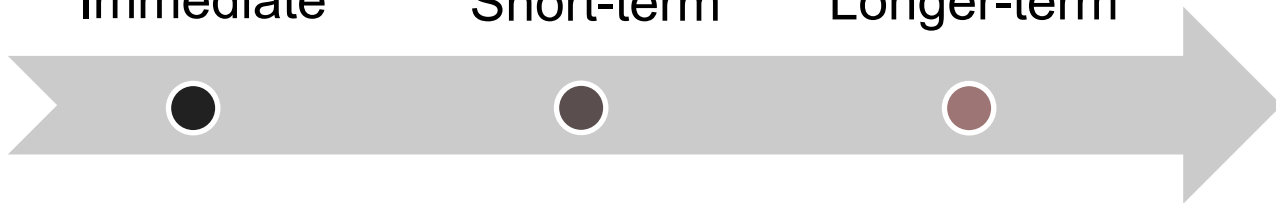


SUPPORT

Immediate

Short-term

Longer-term



Identifying and supporting the needs of learners who experience grief:

The graphic consists of five vertical, shield-shaped banners arranged horizontally. Each banner contains a large white letter. The banners are colored in a gradient from dark blue on the left to light blue on the right. Below each banner is a corresponding label in dark blue capital letters.

T

TURN INWARD

E

EXPLORE

A

ACKNOWLEDGE

R

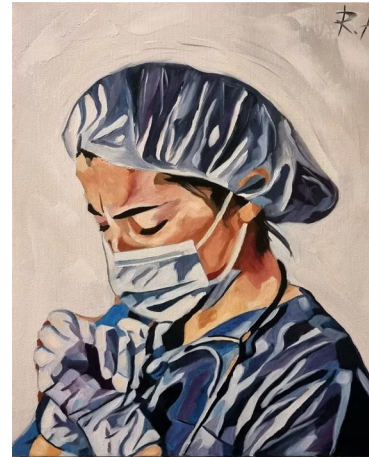
RESOURCES

S

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

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Good Shephard PediPal Team



Questions?



Please help us improve this session and assess its impact by completing the optional post-session survey!

