“We don’t really talk about it.” Role modeling and coping with patient deaths in the ICU.

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Abstract

Role modeling has been identified as an important component of medical learners’ training in coping with patient deaths. In this qualitative study, internal medicine residents and their ICU attendings were interviewed to better understand what attendings are intending to teach and what residents perceive they are learning about how physicians cope with patient deaths. There may be gaps in role modeling, which could be addressed by team debriefings after a patient death.

Introduction

Physicians often experience distress when faced with the death of a patient under their care, and provider grief can have negative outcomes if unaddressed.[1-2]

There is agreement that improved training in dealing with patient deaths is needed,[3-5] and talking about patient deaths may be helpful especially for trainees.[5-6]

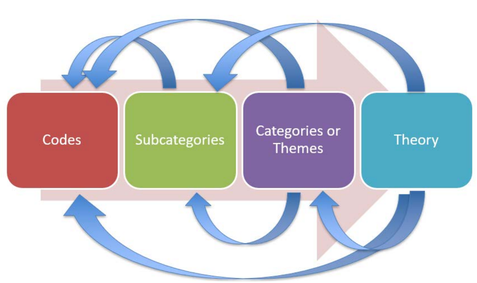
Role modeling is an important factor in medical education, and the informal or hidden curriculum may be a core component in how residents learn about coping with patient deaths.[7-10]

A limitation in previous research on role modeling in coping with patient deaths was that data were not collected from the teachers and learners.[10]

Methods

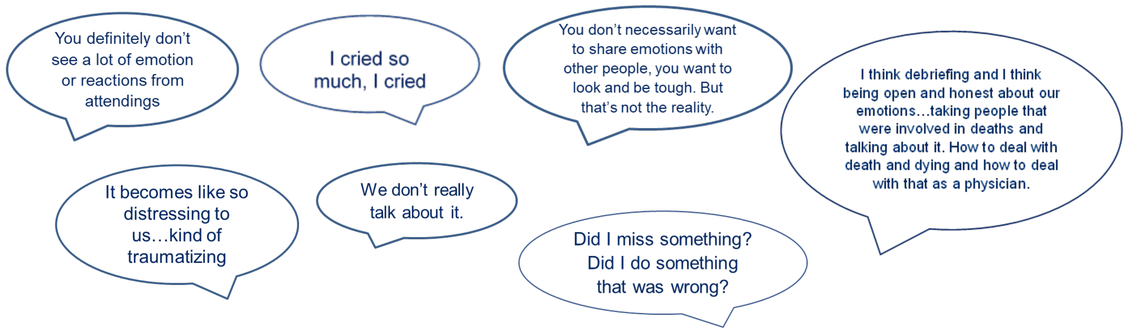
-Qualitative study using semi-structured interviews
-MHIM* residents and their ICU attendings in 3 hospitals
  -15 residents (9 female): 8 PGY1, 4 PGY2, 3 PGY3
  -7 attendings (2 female): years in practice 1.5-34
-Interviews recorded and transcribed, coded for themes
-Interviews conducted until thematic saturation achieved

Grounded theory method



Research Question

What are ICU attendings role modeling to MHIM residents about coping with patient deaths?



Interview Themes

1. Some deaths are more difficult than others
2. Residents and ICU attendings experience a range of emotional reactions to patient deaths
3. ICU attendings tend to not show reactions to patient deaths
4. Residents question their own competency, ICU attendings question the process
5. Deaths are rarely discussed
6. Team debriefings could be helpful

What is role modeled (or not) for residents in the ICU?

- Perception that attendings are not affected by patient deaths
- Residents negatively appraise their own reaction to patient deaths
- Negative beliefs about their own abilities go unchallenged

Putting it all together:

There are gaps in role modeling about coping with patient deaths in the ICU, creating an informal curriculum that may leave residents unprepared to cope with patient deaths.

Team debriefings after a difficult patient death could bridge these gaps.

Limitations and next steps

Results reflect the experiences of residents and ICU attendings in MedStar Baltimore hospitals and may not generalize to other settings. Biases of the authors, including the belief that discussion of emotional responses is generally helpful, may have influenced our findings.

Next steps include piloting team debriefings after patient deaths in the ICU to clarify the best methods and address potential barriers.

Conclusion

Gaps between role modeling by ICU attendings and perceptions of residents in how physicians cope with patient deaths may be creating an informal curriculum that leaves residents less than well-equipped to cope effectively. Semi-structured team debriefings after patient deaths may help bridge these gaps.

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