

## MITE Monthly Tip - Teaching Emotional Resilience in Difficult Clinical Experiences

Burnout is a common problem amongst medical professionals and trainees. Medical education experts have been studying this problem and developing curricula to help teach faculty, residents, and students about promoting resilience and preventing burnout after a difficult clinical experience such as what is described in “The AAP Resilience in the Face of Grief and Loss Curriculum.”

Because poor patient outcomes and high acuity clinical experiences are common in medical student and post graduate education, this curriculum highlights certain areas that are representative of opportunities to both promote resilience and teach future medical professionals about how to manage these problems in both themselves and future trainees. These areas include understanding grief and loss, communicating with families about severe and terminal illnesses, managing emotions after difficult clinical experiences, and introducing concepts to combat burnout through personal wellness.

Using these difficult clinical experiences as opportunities to train medical students and residents how to participate in and manage a debriefing session represents an area where all levels of providers can learn to manage emotions in an attempt to promote resilience and prevent burnout. Additionally, the inclusion of all members of the health care team in a debriefing session can be quite meaningful for all involved.

Medical educators can keep the following basic steps in mind after having a difficult clinical experience that involves trainees or health care providers at any level:

- Recognize how a provider’s response to grief and loss can either interfere with a patient/family’s experience or may comfort the patient/family and help the provider cope as well
  - For example, try engaging with the patient and family about your own emotional responses to these situations in front of your learners as this can help both the patient/family and the learners to embrace rather than suppress these difficult feelings
- Integrate one’s response to a difficult experience including acknowledgement of guilt, anger, or sadness into a safe discussion of the event and how to manage these feelings
  - Actively include your conscious recognition of these feelings in the discussion
- Conduct a debriefing meeting to analyze the experience, identify one’s own emotions, consider perceptions of the various team members, and help team members reach closure
  - Find a place and time to debrief with the team about how you handled the difficult situation with the patient/family, what went well, and what you might adjust in future conversations
- Practice the above with trainees of all disciplines and at all levels as they work through difficult rotations where acuity and mortality may be elevated
  - Its critical to allow more senior learners to both lead the discussions with patients/families and to run the debriefing sessions as well

Reference:

Serwint JR, Bostwick S, Burke AE, et al. The AAP Resilience in the Face of Grief and Loss Curriculum. *Pediatrics*. 2016;138(5):e20160791