Cambridge University Hospitals NHS
NHS Foundation Trust

Paediatric Psychology Network

Preventing Stress Becoming Distress for Paediatric Trainees

Dr Catriona Macdougall and
Dr Claire Illingworth



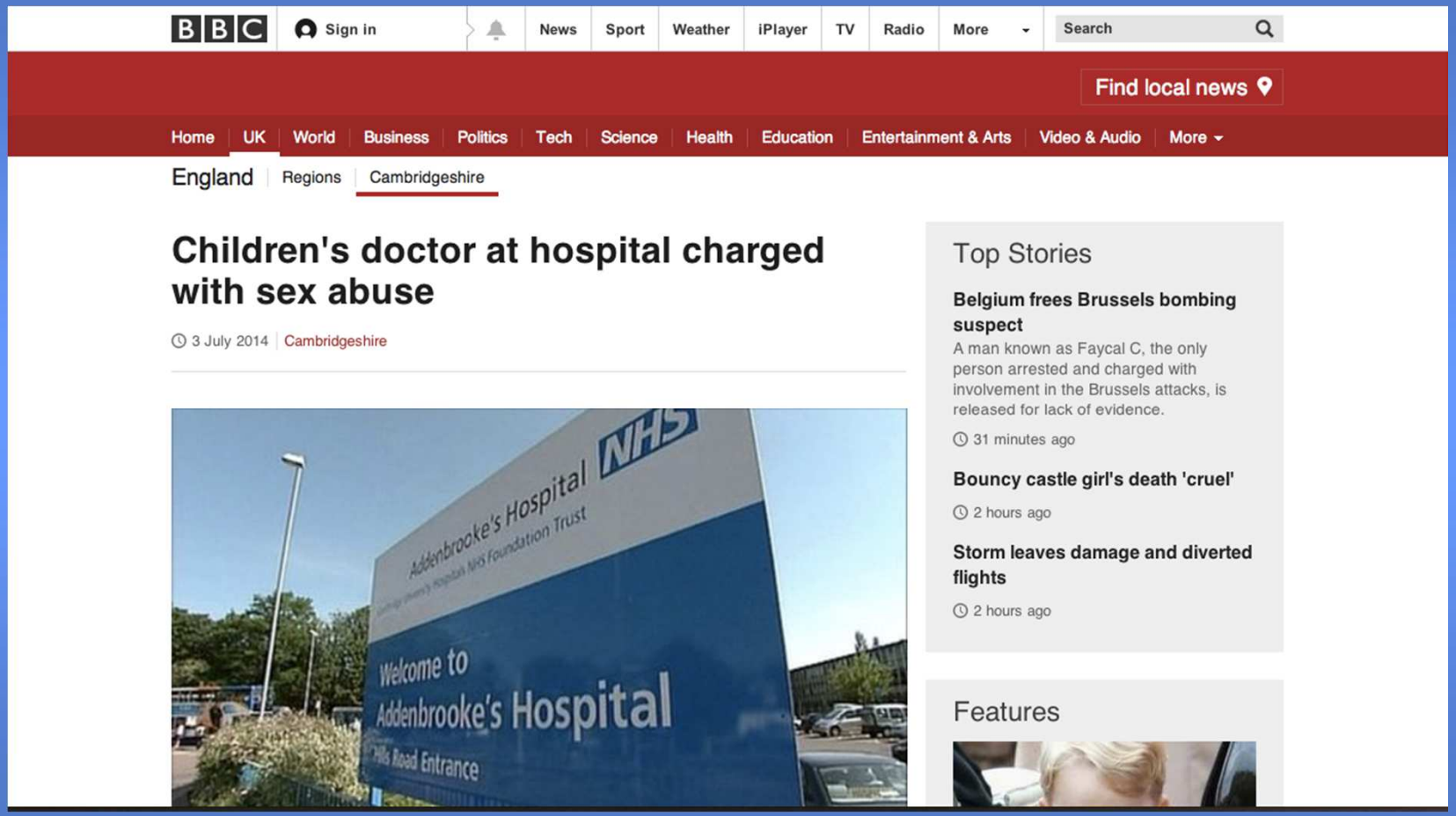
Introduction

- Share my own experiences
- Discuss a survey of trainees
- Describe the extent of the problem
- Consider how support for trainees could be improved
- Discuss stress responses, the risks and prevention

My Experiences – ST2 year

Innovation and **excellence** in health and care

My Experiences – ST2 year



Innovation and **excellence** in health and care

My Experiences – ST2 year

Self doubt

Guilt

Shame

Sadness

Betrayal

Shock

Regret

Isolation

Distress

Embarassment

Notoriety

Worry

Innovation and **excellence** in health and care

Opportunity to talk

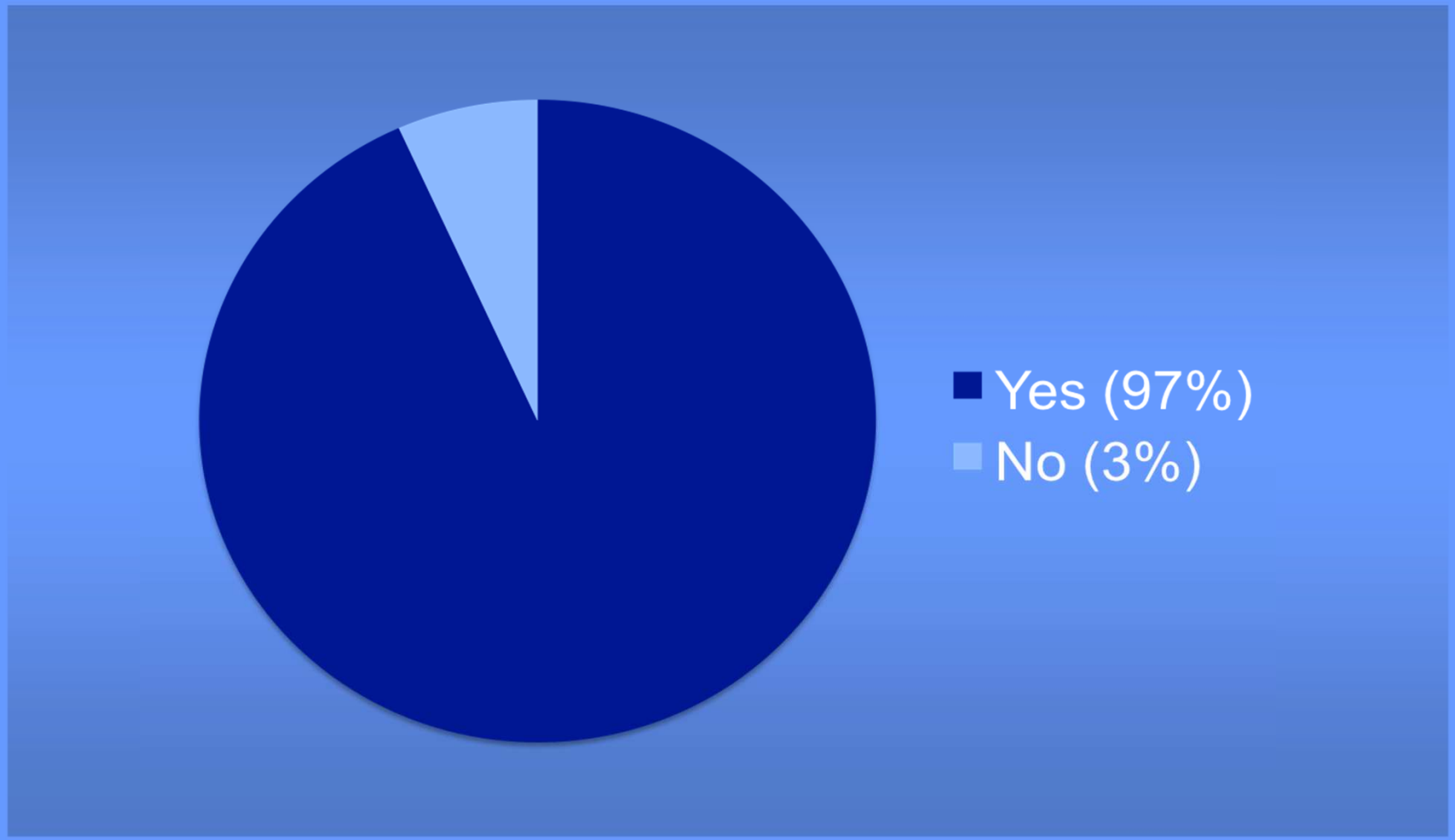
- Able to express my concerns and emotions
- Sharing experiences
- Not instigated by me
- Plan about how to move forward

Opportunity to talk

- Able to express my concerns and emotions
- Sharing experiences
- Not instigated by me
- Plan about how to move forward

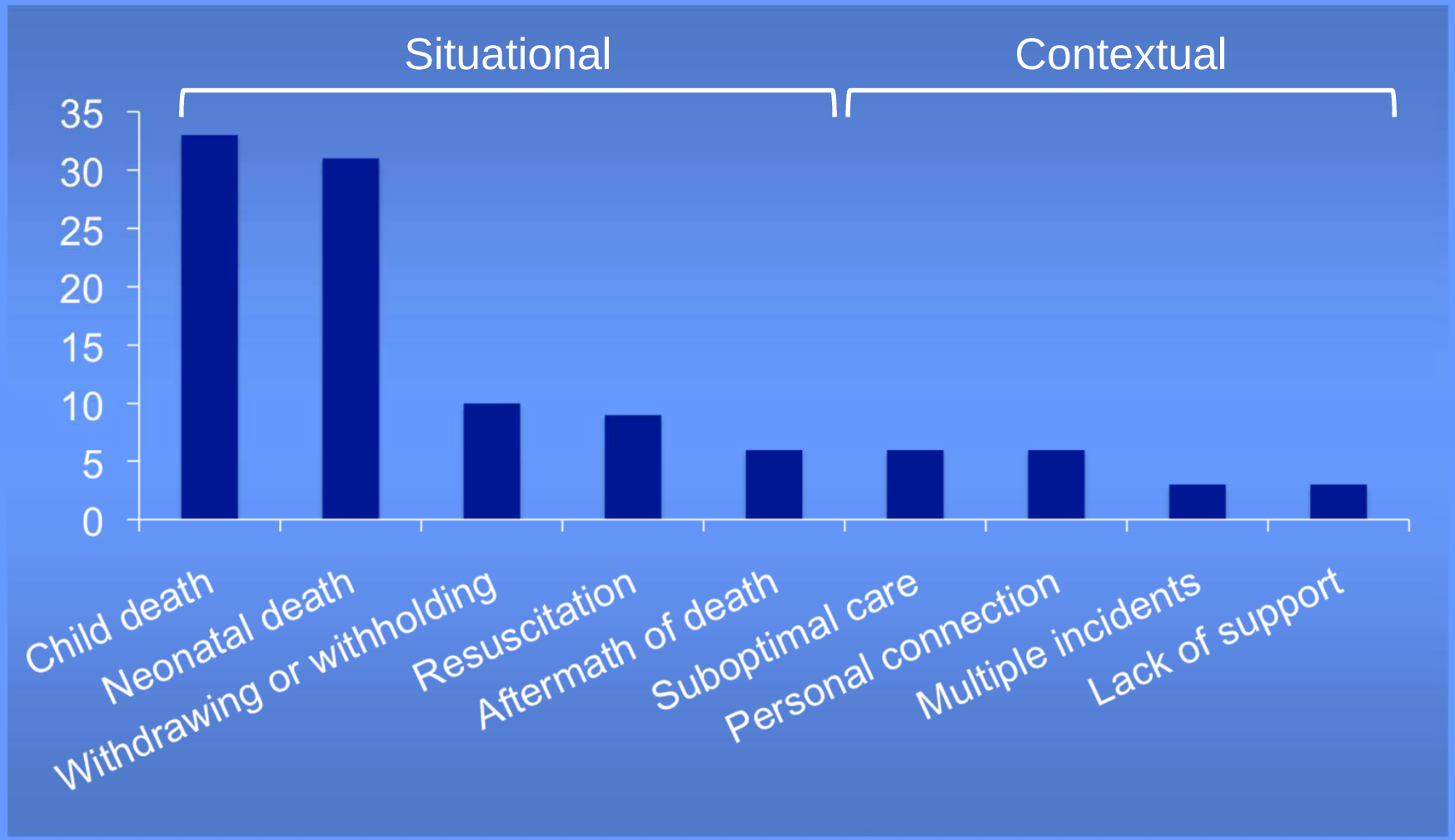
- Are other people in the same position?
  - Survey

During your training, have you experienced a difficult and/or traumatic clinical scenario?



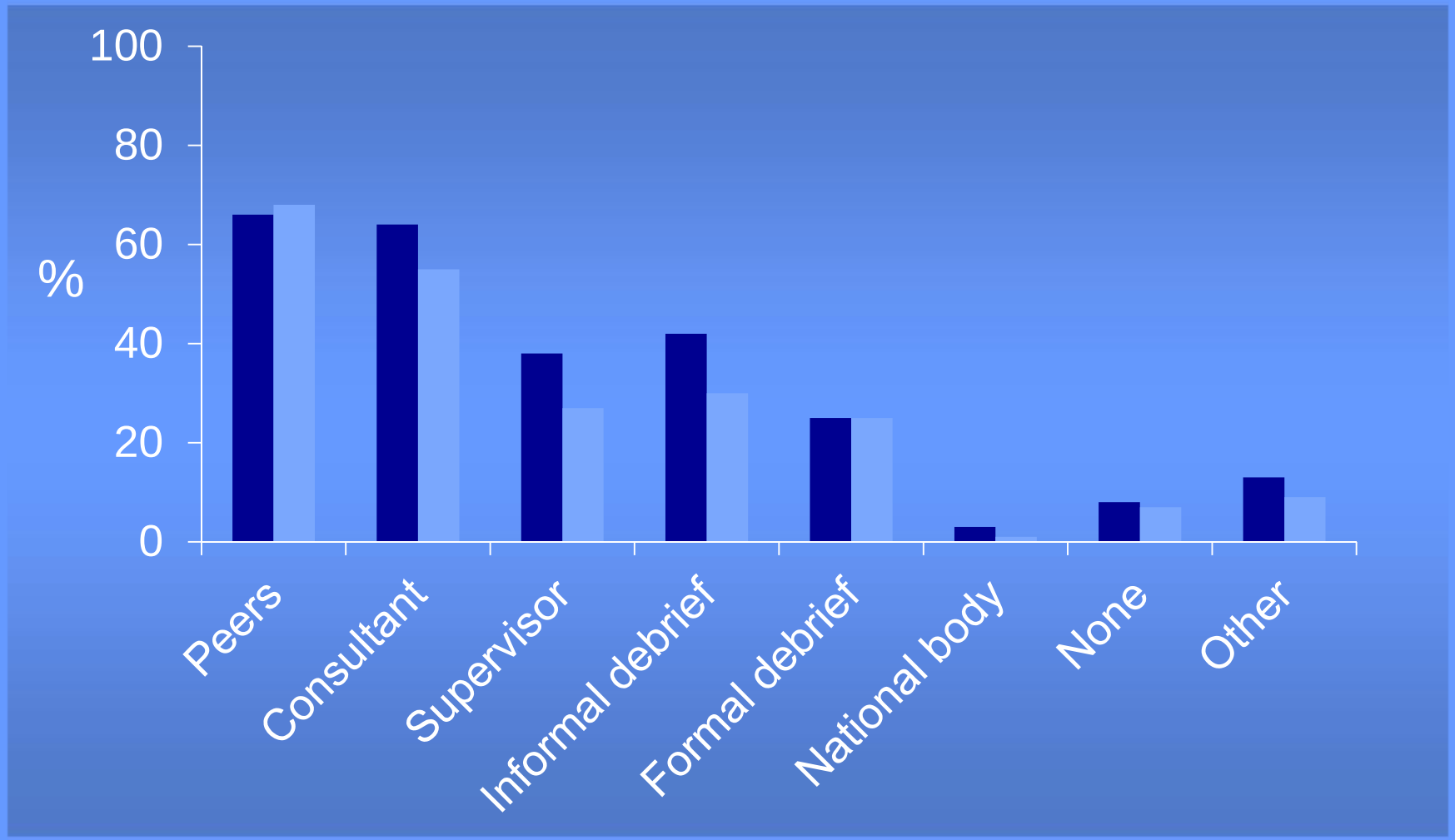
Innovation and **excellence** in health and care

Scenarios



Innovation and excellence in health and care

Sources of support



Innovation and excellence in health and care

Other sources of support

- Friends and family
- Nurses
- Head of school
- GP
- Schwartz round

Other sources of support

- Friends and family
- Nurses
- Head of school
- GP
- Schwartz round

I blamed myself for a long time and my confidence was immensely affected for a long while, I contemplated leaving paediatrics... I was very lucky, however, I had great support from one of the consultants who went out of her way to provide support, to listen and be there

Suggestions for improvement from trainees

- Debriefs
- Increasing awareness
- Psychological support
- Simulation training
- Mentoring
- Feedback and update on outcome

I have been to an informal debrief… that consisted of "Well you're alright, aren't you"

I find a formal meeting where we discuss the case… one of the most useful things. It helps me put the case "to bed" rather than keep mulling it over

Observations about the process

- Colleagues attitudes variable
- Stigma persists
- Disagreement about defining negative outcomes

"You have to be really persistent if you want support… All many people seemed concerned about was whether it was affecting my ability to work, and when they found out it wasn't their relief was tangible and their involvement over…"

Relevance to other specialties

- Children are not just small adults

Relevance to other specialties

- Children are not just small adults
- Distressing situations happen in all specialties
- Early in training doctors rotate through different specialties
- Doctors are all human!

How to improve – A Non-Expert View

- Highlight the issue
- Low cost interventions – time, tea and biscuits!
- Look after our colleagues
- Build resilience
- Ask for help
- Debriefs?
- Not just applicable to trainees

Innovation and excellence in health and care

Summary

- Medicine can be emotionally challenging
- Need to promote resilience and reduce stigma
- Discussed simple strategies
- Now for the expert… Claire is going to talk about stress responses, why they can develop and what kind of things we can do to help.

Secondary Traumatic Stress

- Stress response that occurs as a result of knowing or helping a suffering or traumatised person
- Term used interchangeably with compassion fatigue and vicarious trauma
- Figley (1995) noted the main difference between this and PTS is the source of the trauma
- - PTS, the individual witnesses the trauma
- - STS, the individual witnesses the trauma of others

Features – Figley 2002

- Complex state of fatigue & dysfunction, individuals take on the emotional tension of the victims
- Can emerge rapidly and resolve more quickly
- Often can be milder in degree
- Can be cumulative
- Feelings of helplessness, confusion and isolation
- Re-experiencing the event, avoidance of people or activities
- Anxiety, sadness, anger

Why do some develop STS and not others?

- Health professionals with less experience, particularly those in training are more vulnerable (Cunningham, 1997)
- Research suggests that traumatic stress is one of the main sources of stress for health professionals working in A & E, intensive care and oncology (Maytum et al, 2004)

Why do some develop STS and not others?

- Duration of the experience – prolonged exposure for medical staff (Mealer et al, 2007)
  - Interaction with patients are maintained over time
  - Become part of the family system that may be fraught with loss, tension and disbelief
  - Often cannot leave the situation after bad news or a death

Other Risk factors (Huggard, 2003)

- Doctor related factors
  - Over identification with the patient
  - Unresolved issues of loss/grief/trauma, mental health problems
  - The ‘over-copers’
- Situational factors
  - Long term doctor patient relationship
  - Time pressures
  - Disagreements re: patient care
- Patient factors
  - Patient is a health professional / child of a health professional
  - Patient mistrust of the doctor
  - Complex or dysfunctional patient family dynamics

Prevention

- Various protocols for treatment of STS all emphasise elements of prevention:
- Huggard (2003)
  - Attending to self care
  - Engaging in activities that nurture, such as recreation and relaxation
  - Clearly separating from work activities / work-life balance
  - Peer support
  - Setting boundaries

Empathy / Resiliency

- Some evidence to suggest empathy is one of the main risk factors for STS (Crumpei & Dafinoiu, 2012)
- Meier et al (2001) described a number of different emotions experienced by doctors responding to patients' needs & emotions.
  - Need to rescue patients, feelings of failure, frustration & powerlessness, grief
- Distance and detachment often used to moderate STS - ineffective (Wilters, 1998).

Empathy / Resiliency

- So what should doctors be doing?

- Proposed – not ‘just get on with it’
  - increased self awareness (e.g. recognising high risk situations)
  - development of strategies to identify and work with the emotions (monitoring emotional responses / naming, accepting and identifying sources of emotion)
  - seeking out support & supervision
  - Resiliency ‘the inner core strength to rise above the grind’

What can we do to help?

- Remember it can be difficult for trainees to ask for help
- Trainees need to feel supported all the time, not just at specific times
- Trainees need to feel asking for help is okay

What can we do to help?

- More time to reflect following incidents before getting back to work

- Hobfoll et al (2007) 5 principles. Promoting:
  - Safety
  - Calm
  - A sense of control
  - Connectedness
  - Hope

What can we do to help?

- Access to debriefs / Schwartz rounds when deemed appropriate
- Having clear lines of support in place – peers, supervisors, Consultants, colleagues etc
- Mentoring programmes
- Training days around managing death, giving bad news
- Access to psychological support

Outcome of Survey

- Results of survey 104/250 responses-
  - Following a traumatic clinical event, how helpful would it have been to access confidential psychological support: 43% yes,
  - How likely to access in the future:19% very likely, 45% likely
- Results fed back to the PSU at the Deanery
- Liaison with Dr Wilf Kelsall, Head of School of Paediatrics
- Professional Support Unit access psychological support for trainees privately for up to 12 sessions

Moving Forward

- In negotiations about providing psychological input to trainees in paediatrics based at Addenbrooke's
- Aim to provide a space and time for the trainees to appraise the event and develop their own narrative, essential in the psychological processing of a traumatic event (Meiser Stedman, 2002)
- Part of Doctors Mental Health Working Group along with colleagues from CPFT looking at support for medical students, GP's, hospital doctors.

Thank you!

Questions?

Innovation and excellence in health and care