Preventing Stress Becoming Distress for Paediatric Trainees

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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

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My Experiences

Children's doctor at hospital charged with sex abuse

0 3 July 2014  Cambridgeshire

Top Stories

Belgium frees Brussels bombing suspect
A man known as Faycal C, the only person arrested and charged with involvement in the Brussels attacks, is released for lack of evidence.
0 31 minutes ago

Bouncy castle girl's death 'cruel'
0 2 hours ago

Storm leaves damage and diverted flights
0 2 hours ago

Features
My Experiences – ST2 year

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Opportunity to talk

- Able to express my concerns and emotions
- Sharing experiences
- Plan about how to move forward

- Are other people in the same position?
  - Survey

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

- Yes (97%)
- No (3%)

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Scenarios

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Situational

Child death
Withdrawal or withholding
Resuscitation
Aftermath of death
Suboptimal care
Personal connection
Multiple incidents
Lack of support

Contextual

35
30
25
20
15
10
5
0
Sources of support

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Other sources of support

• Friends and family
• Nurses
• Head of school
• GP
• Schwartz round
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
How to improve – A Non-Expert View

- Highlight the issue
- Build resilience
- Low cost interventions – time, tea and biscuits!
- Debriefs?
- Not just applicable to trainees

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Summary

- Paediatrics 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.

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Secondary Traumatic Stress

• Stress response that occurs as a result of knowing or helping a suffering or traumatised person
• Compassion fatigue and vicarious trauma
• Figley (1995) - the main difference between this and PTS is the source of the trauma

• Figley (2002) complex state of fatigue & dysfunction
• Feelings of helplessness, anxiety & confusion
• Can emerge rapidly and resolve more quickly
• Milder, cumulative
• Re-experiencing & avoidance
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

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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

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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
What’s important?

• Proposed – not ‘just get on with it’
  – Increased self awareness (e.g. recognising high risk situations)
  – Trainees talked about more time to reflect
  – Development of strategies to identify and work with the emotions
  – Seeking out support & supervision
  – Resiliency ‘the inner core strength to rise above the grind’
Intervention principles for trauma


- Promoting:
  - Safety
  - Calm
  - A sense of control
  - Connectedness
  - Hope
What’s helpful?

- Access to debriefs / Schwartz rounds
- 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
- Ensuring trainees feel supported and know it's okay to ask for help.

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Moving Forward……

• Results of survey 104/250 responses-
  – 43% felt that following a traumatic clinical event, it would have been helpful to access confidential psychological support
  – Nearly 60% said they would be likely /very likely to it access in the future.

• Results fed back to the Professional Support Unit at the East of England Deanery

• Just been agreed by the PSU that they will provide funding for some psychology time to support trainee paediatricians for a 12 month pilot project.

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Thank you!

Questions?

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