

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



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My Experiences

The screenshot shows a BBC news article from July 3, 2014, titled "Children's doctor at hospital charged with sex abuse". The article is categorized under "Cambridgeshire". The main image is a sign for Addenbrooke's Hospital, NHS, with the text "Welcome to Addenbrooke's Hospital" and "Hills Road Entrance".

Children's doctor at hospital charged with sex abuse

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.
31 minutes ago
- Bouncy castle girl's death 'cruel'**
2 hours ago
- Storm leaves damage and diverted flights**
2 hours ago

Features

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My Experiences – ST2 year

Self doubt

Guilt

Shame

Sadness

Betrayal

Shock

Regret

Isolation

Distress

Embarrassment

Notoriety

Worry



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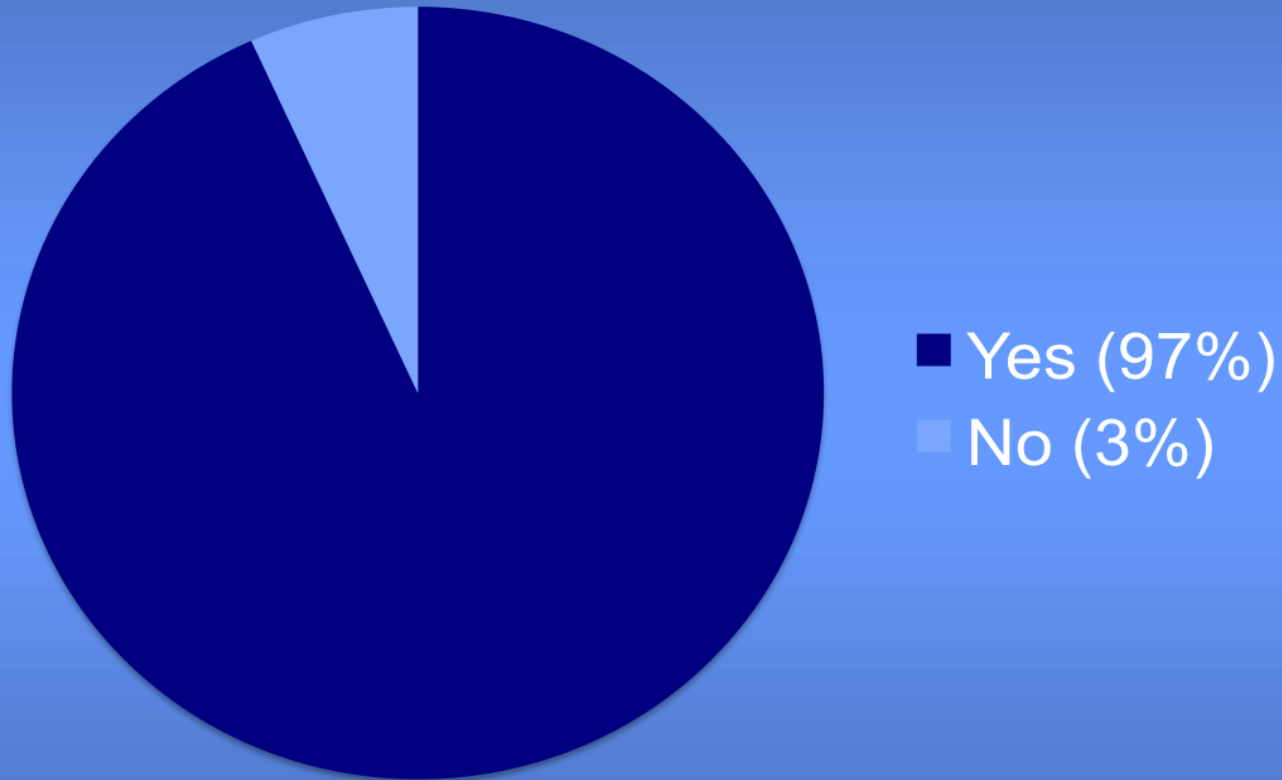
Opportunity to talk

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

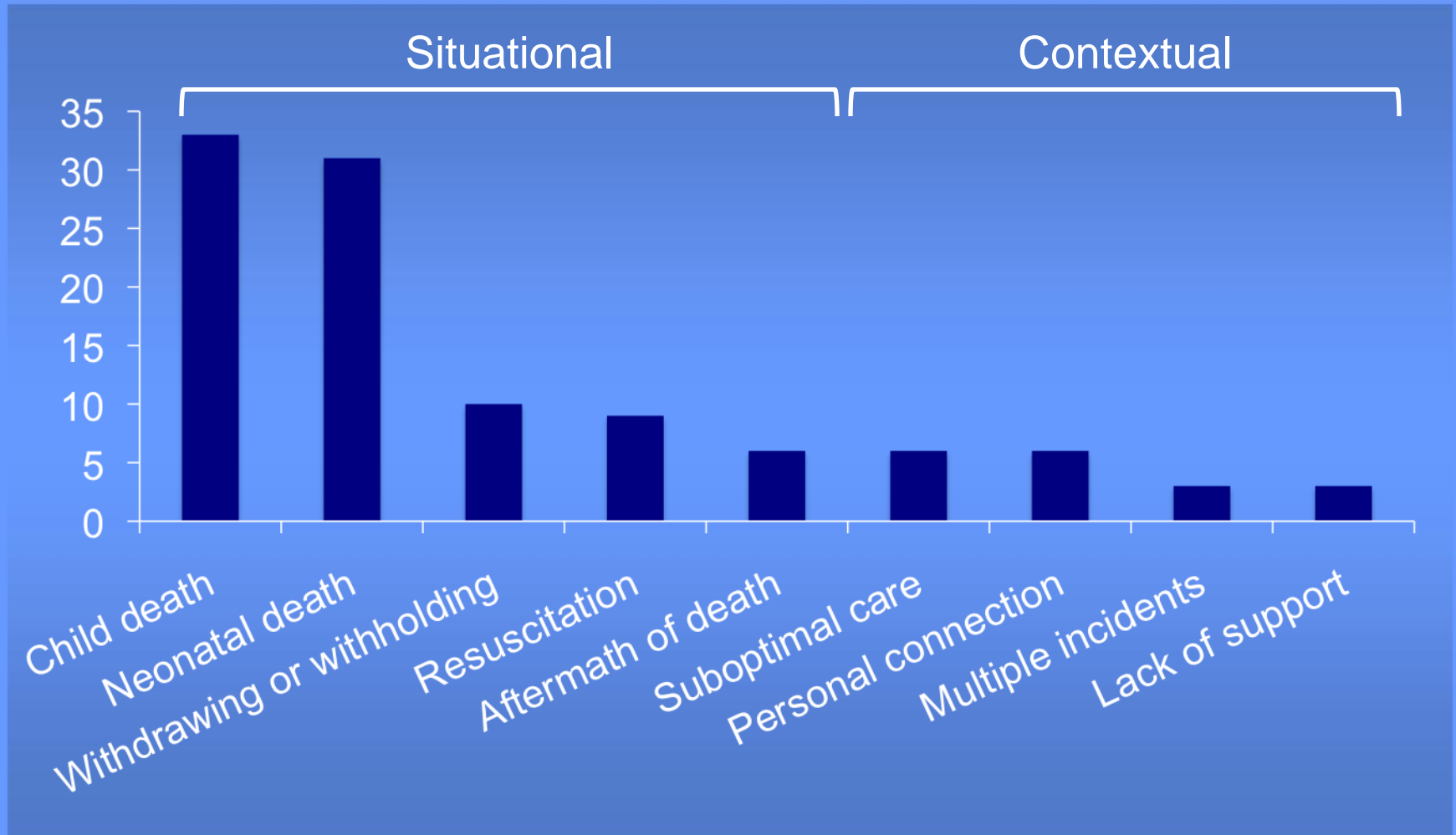
- Are other people in the same position?
 - Survey



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



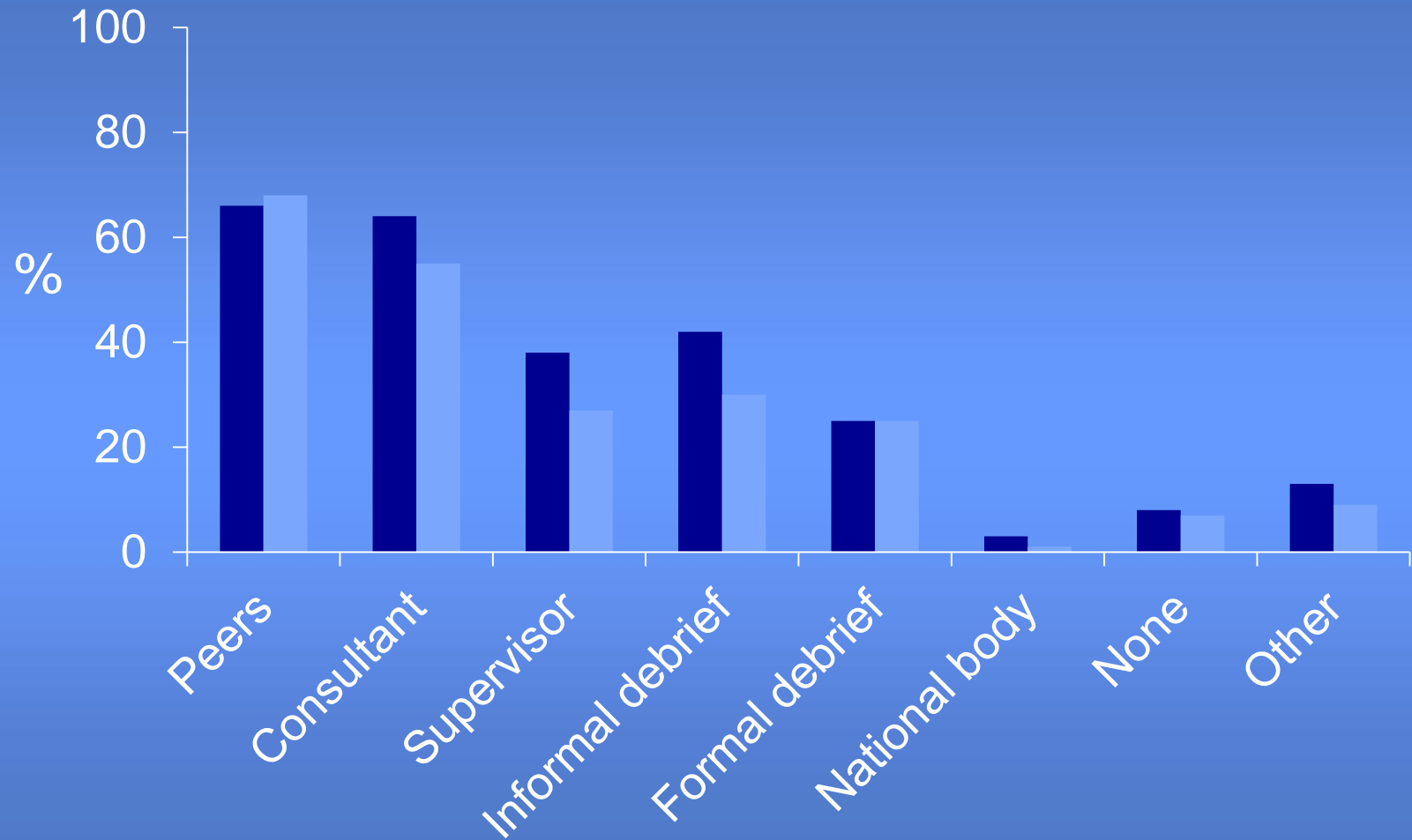
Scenarios



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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



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.



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



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



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

- Hobfoll et al (2007) 5 principles.
- 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 its okay to ask for help.



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.



Thank you!

Questions?

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