Mini M&M Conferences Create a Structured Opportunity for Self-Reflection

Kathryn E. K. Berlin, DO* and Kathlyn Fletcher, MD

Department of Internal Medicine

Medical College of Wisconsin

*Dr. Berlin was affiliated with the Clement J. Zablocki Medical Center and Dept. of Internal Medicine at MCW at the time of this study; she currently is affiliated with Children's Hospital of Wisconsin and the Dept of Neonatology at MCW as a fellow.

Acknowledgments

This material is based on support from the Office of Academic Affiliations and the Chief Resident in Quality and Safety program directed by the National Center for Patient Safety, Department of Veterans Affairs, and with resources and the use of facilities at Clement J. Zablocki VA Medical Center, Milwaukee, WI

Thanks to Jerome VanRuiswyk, MD, Mary Hagle, PhD, RN, and Lindsey Ladell, PharmD, BCPS and our entire patient safety faculty group at the ZVAMC for assistance.

Thanks to the many residents who helped contribute to improvements & modifications for this to be a successful program.

Residency is HARD.

- Time of substantial growth and development
- Intensive work schedules
- Strenuous academic demands
- High-stakes decision making
  - Literally life & death

- Rather than seeking to **eliminate** this distress—which will be present throughout a career—we should teach residents to **manage** it in a healthy manner.
  - A 2018 study found that appropriate educational programming could improve stress management skills and prevent burnout[2].
- Debriefing is a great tool
  - Has been shown to promote resilience in the medical field[3].
  - Can relieve stress among those involved in adverse events[4]
  - Can result in improved confidence and self-esteem[4]

Our Goals

To provide normalization of the high emotional distress that can be associated with medical practice

To educate residents on ways to cope with this distress

To help senior residents assist their team in managing and processing traumatic events.

Methods: Setting & Participants

- Setting: Milwaukee Veterans Affairs Medical Center
- Participants: Residents and medical students on internal medicine ward teams between July 2019-February 2020
  - Placed on hold in March 2020 given COVID-19
  - 6 cycles of this program were fully completed

The Mini M&M

1

Case Selection by Residents

Each ward team selects a case
Evaluates & analyzes using a worksheet

2

Case Review & Analysis

Chief Resident reviews all submissions
Compiles a presentation with indepth analysis, prompts

3

The Noon Conference

Held during protected time & closed to faculty
Starts with review of reporting systems
5 minute teaching on how to lead a debrief
Review of each case with prompts provided by Chief
Review of MCWAH Mental Health resources

Intervention: The Mini M&M

Methods: Evaluation

Pre-Survey

- Assessed residents' comfort with leading a debriefing session using a 6-point Likert Scale
  - Extremely Uncomfortable = 0 to Extremely Comfortable = 5
- Analyzed participants' experiences

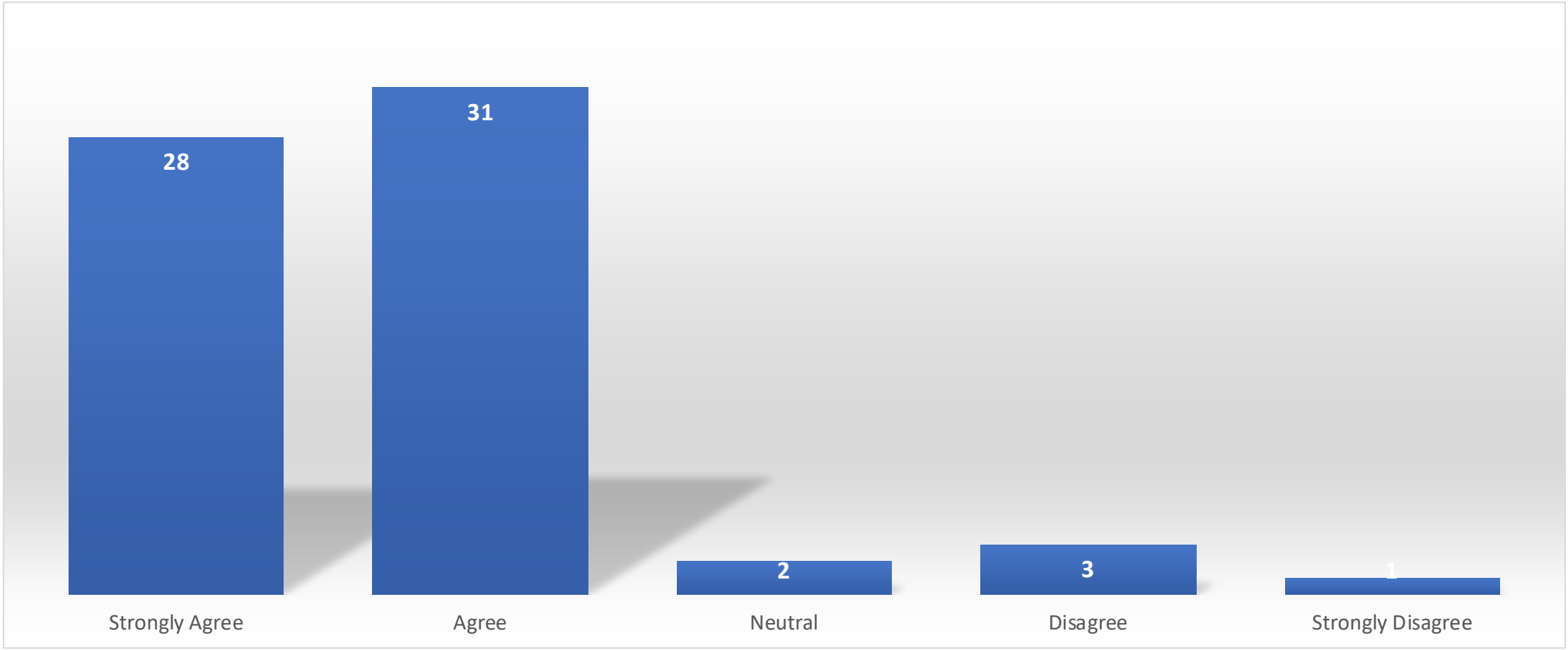
Post-survey

- Evaluated Perception changes
- Compared comfort with debriefing

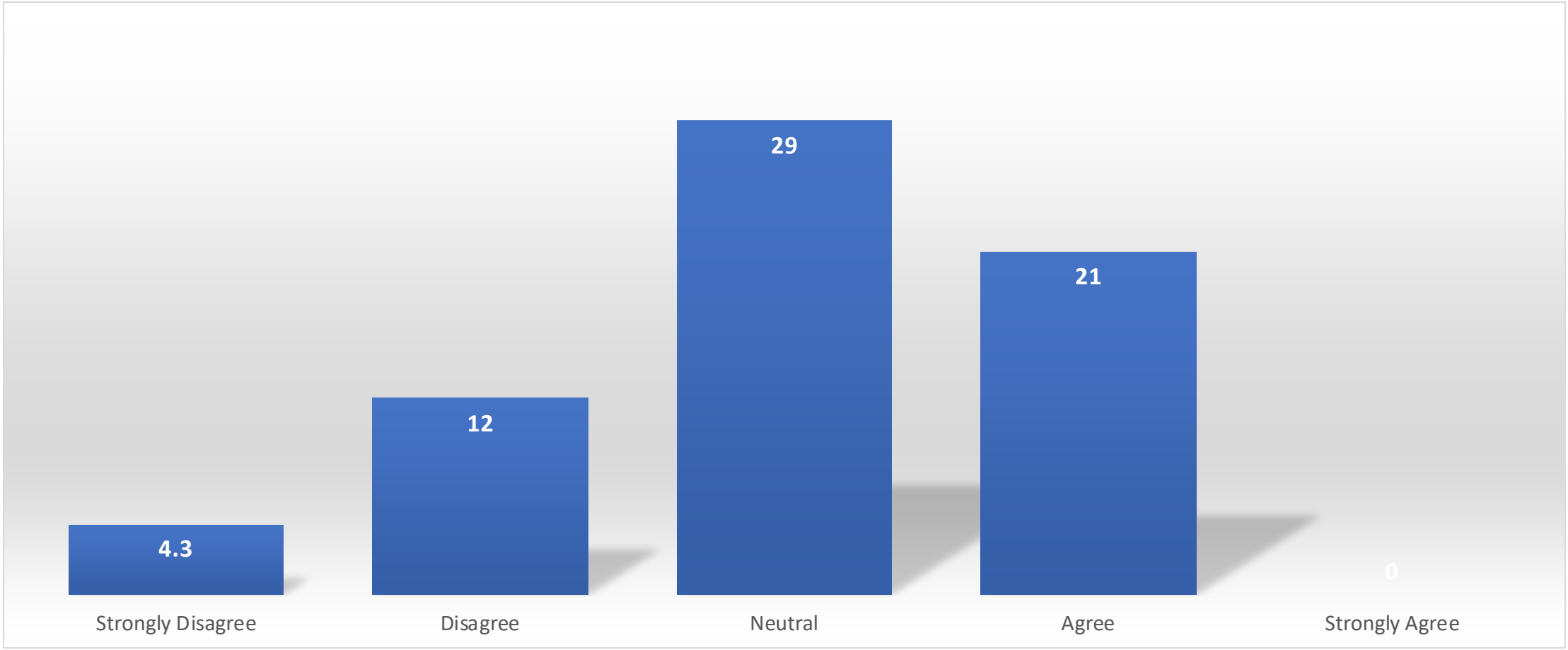
Pre-Survey

N = 65 (140 possible)

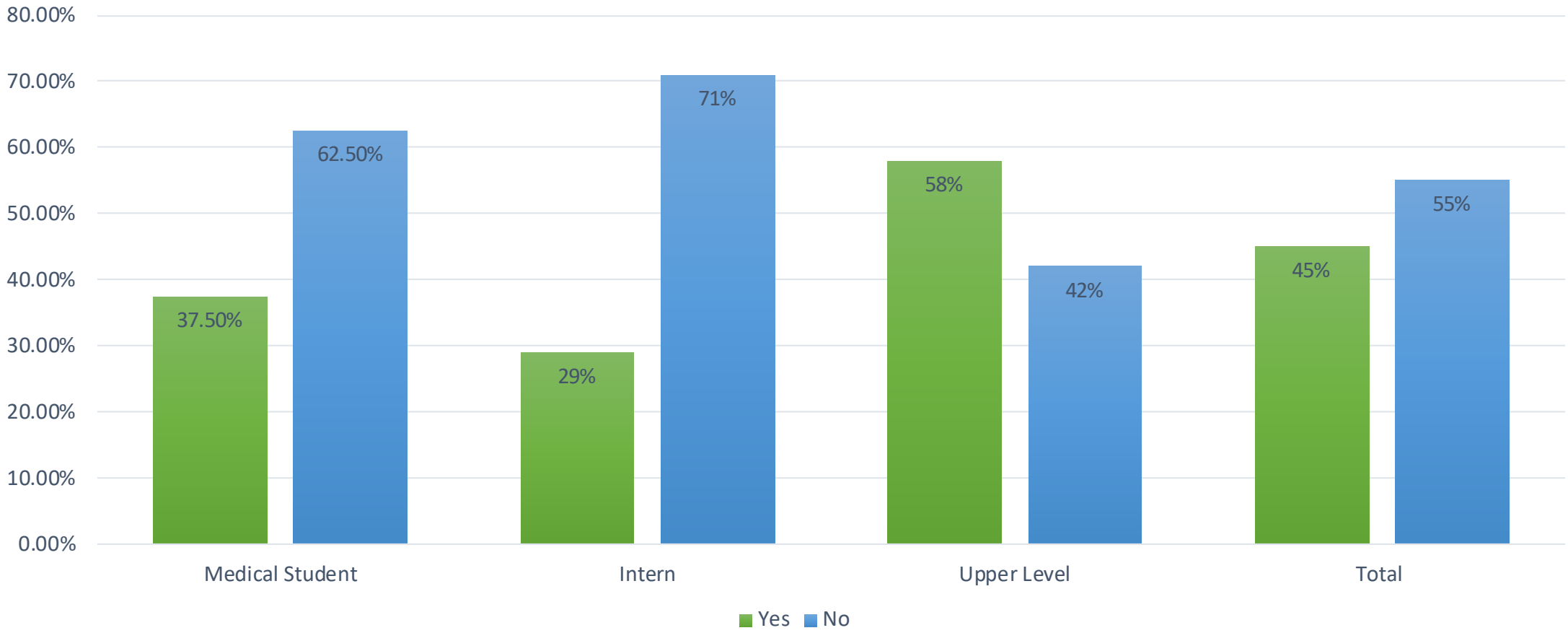
Most participants felt they had been “emotionally affected by at least one patient I have cared for throughout my training”



Some disagreed that “residents receive enough education in managing the emotional effects of adverse patient events during residency.”

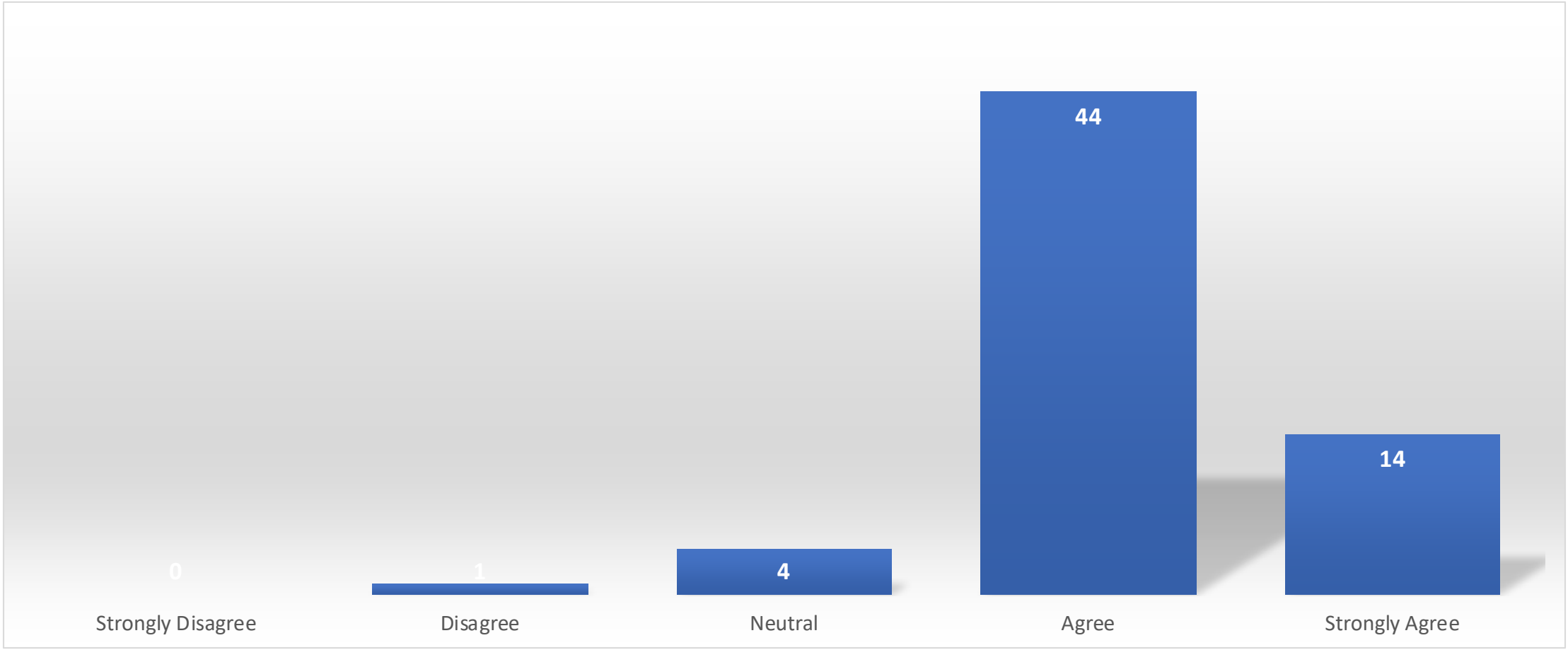


Less than ½ of our participants had participated in a prior debriefing session

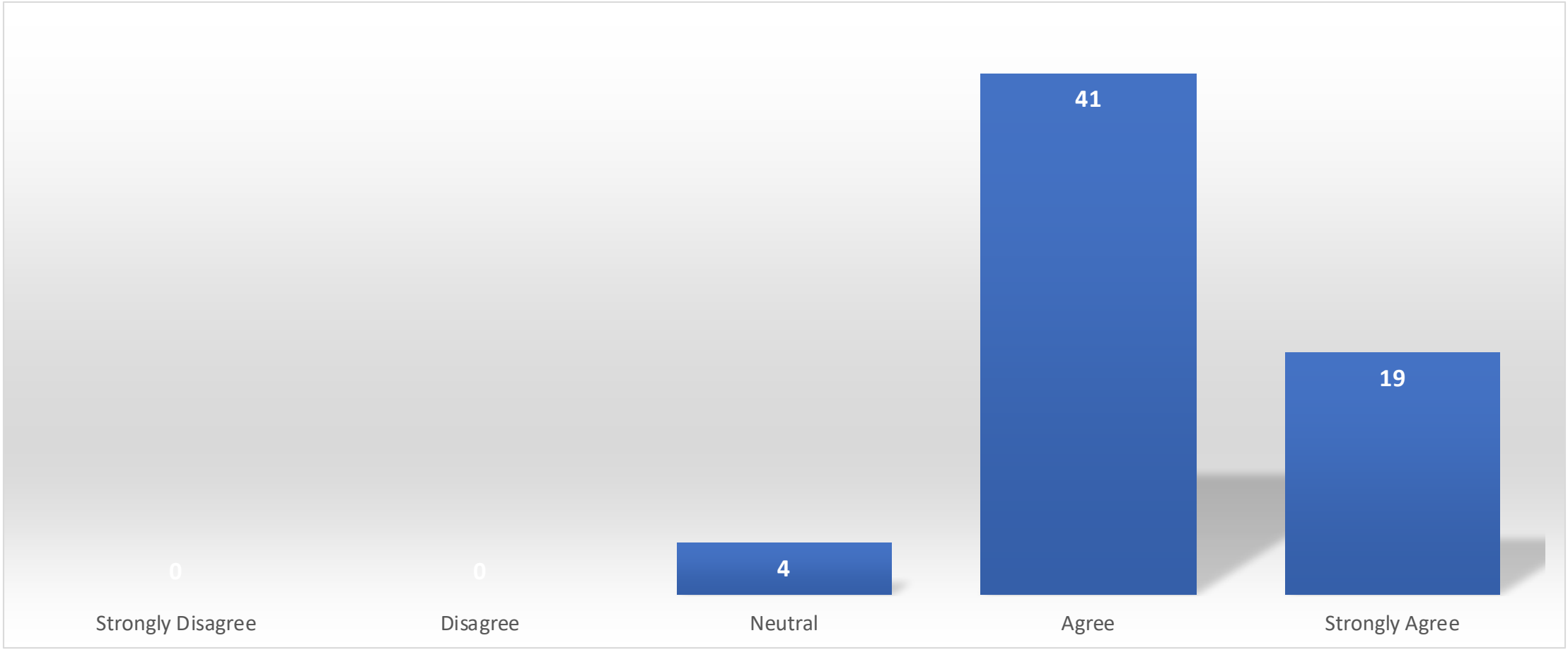


Post-Conference Perceptions

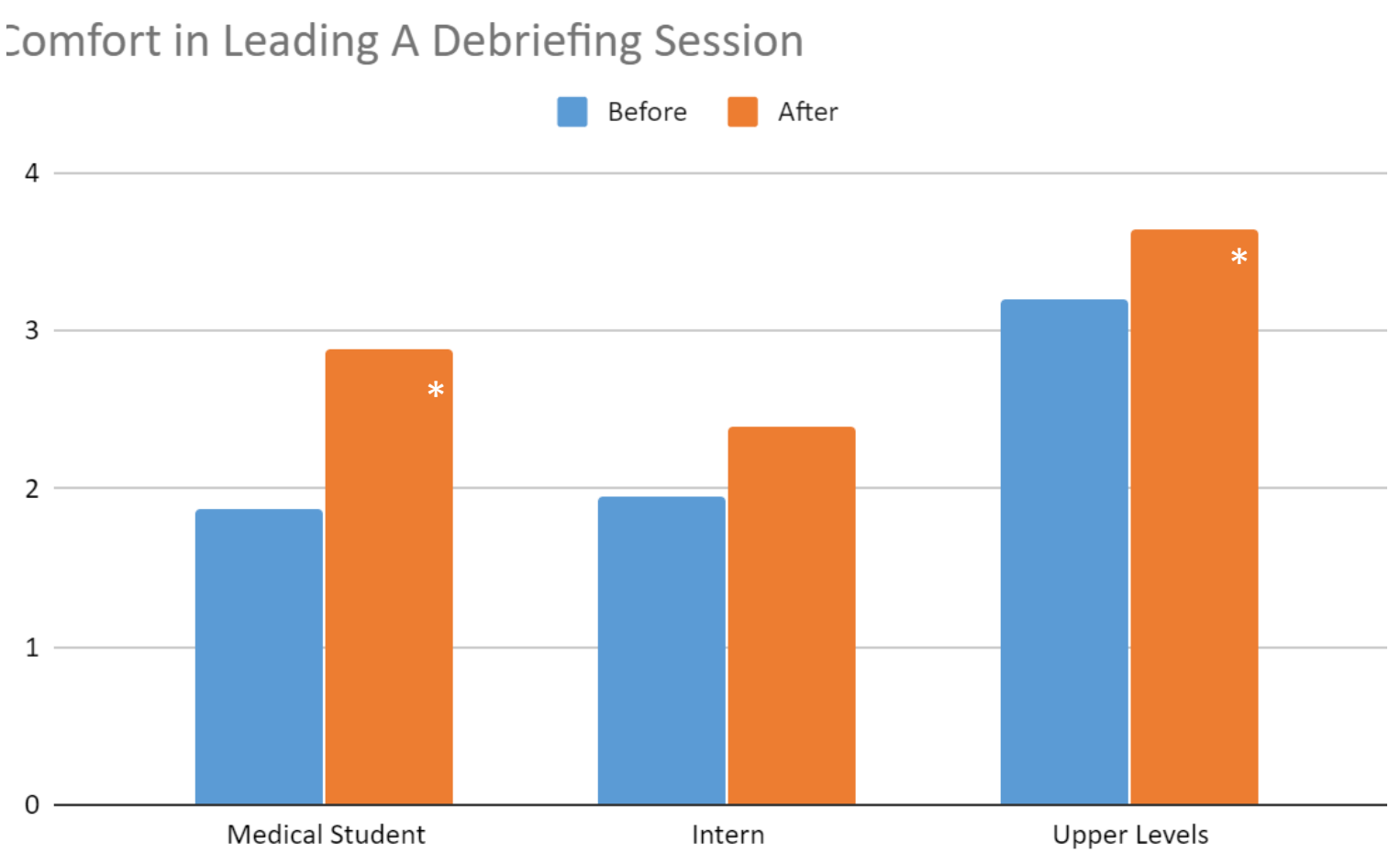
Majority agreed they were “increasingly aware of the significant toll distressing patient care events have on providers”



Most also agreed that “discussing difficult cases from an emotional aspect is beneficial to me”



Comfort with Leading a Debrief



Participants felt more comfortable with the idea of leading a debriefing after this program

Participant Feedback

“It was helpful to hear that other providers experience the same obstacles and emotional stressors in typical scenarios”.

“I think it's helpful to know that people can voice frustrations or situations with which they feel a bad outcome occurred without retribution”

How do I adapt this for my program?

1. Figure out who should submit cases each month
   - Goal is to limit it to **1/team** to force group discussion
   - Needs to be mandatory at first
   - Worksheet is helpful!
2. Set deadlines for submission
   - Should be ~1 week in advance of conference so that you can compile a substantive presentation
   - May need to remind resident teams

How do I adapt this for my program?

3. Find a protected venue and time for the conference
    - Encourage all residents & students to attend
    - Prohibit faculty from attending to encourage free speech
    - Review confidentiality prior
    - Keep the promise of confidentiality after
        - If an issue is identified, encourage the involved parties to file a safety report
4. Let the residents talk.
    - Show the prompts but be comfortable with silence. Someone will talk eventually.
    - Be willing to let the residents lead where your conversation goes. Similar cases and different experiences are wonderful to discuss!
    - Don't fret about finishing the entire presentation.
5. Have tissues and chocolate.

Conclusions

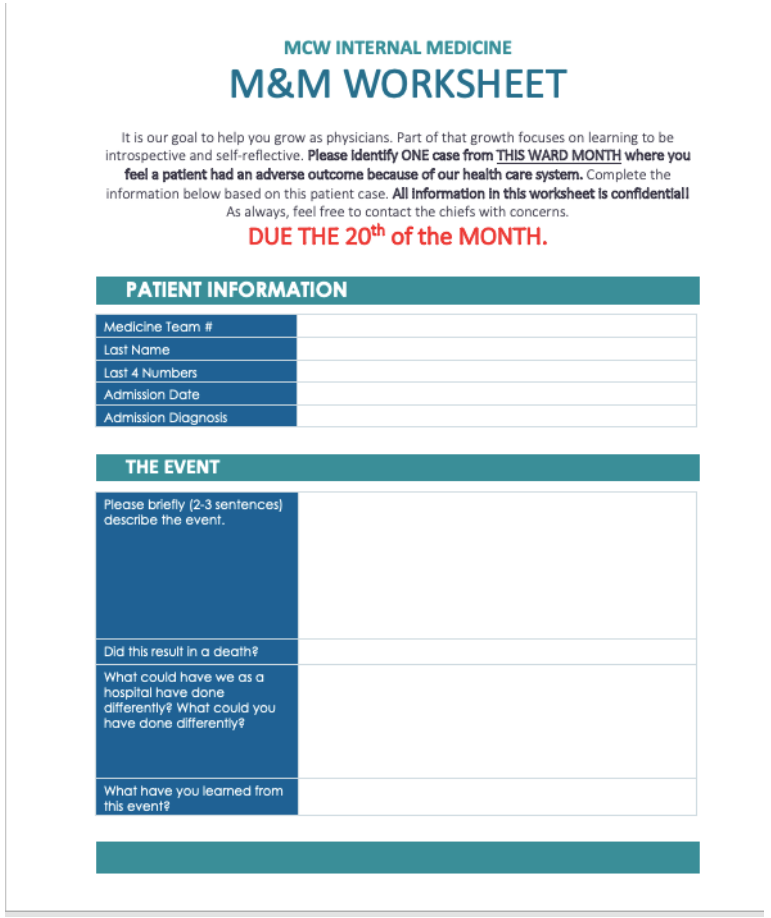
1. A mini M&M program can provide a succinct, integrated approach to emotional and resiliency education.
2. Debriefing education can easily and quickly be incorporated into educational programming with improvement in perceived confidence.
3. Residents feel that having time to discuss emotionally-charged cases is beneficial to them.

References

1. McLuckie A, Matheson K, Landers A, et al. The relationship between psychological distress and perception of emotional support in medical students and residents and implications for educational institutions. *Acad Psychiatry*. 2018;42(1):41-47.
2. Shahid R, Stirling J, Adams W. Promoting wellness and stress management in residents through emotional intelligence training. *Advances in Medical Education and Practice*. 2018;9:681-686.
3. Eng J, Schulman E, Jhanwar SM, Shah MK. Patient death debriefing sessions to support residents' emotional reactions to patient deaths. *Journal of Graduate Medical Education*. 2015;7(3):430-436.
4. Vaithilingam N, Jain S, Davies D. Helping the helpers: Debriefing following an adverse incident. *The Obstetrician & Gynaecologist*. 2008;10(4):251-256.
5. Shahid R, Stirling J, Adams W. Promoting wellness and stress management in residents through emotional intelligence training. *Adv Med Educ Pract*. 2018;9:681–686.
6. McDermott A, Brook I, Ben-Isaac E. Peer-debriefing after distressing patient care events: A workshop for pediatric residents. *MedEdPORTAL: The Journal of Teaching and Learning Resources*. 2017;13:10624.
7. Healy S, Tyrrell M. Importance of debriefing following critical incidents. *Emergency Nurse: The Journal of the RCN Accident and Emergency Nursing Association*. 2013;20(10):32.

Part 1: Case Selection by Resident Physicians

- Each ward **team** (5 total) would choose **one case** from their month to evaluate using a standardized worksheet
  - Goal was to select a case that was particularly challenging or where an error (systems or cognitive) had occurred
  - Worksheet is quick (two pages) and walked the team through a reflection
    - Were there interventions could have prevented this event?
    - What should be learned from this case?



MCW INTERNAL MEDICINE

M&M WORKSHEET

It is our goal to help you grow as physicians. Part of that growth focuses on learning to be introspective and self-reflective. **Please identify ONE case from THIS WARD MONTH where you feel a patient had an adverse outcome because of our health care system.** Complete the information below based on this patient case. **All information in this worksheet is confidential!** As always, feel free to contact the chiefs with concerns.

DUE THE 20th of the MONTH.

PATIENT INFORMATION

Medicine Team #	
Last Name	
Last 4 Numbers	
Admission Date	
Admission Diagnosis	

THE EVENT

Please briefly (2-3 sentences) describe the event.	
Did this result in a death?	
What could have we as a hospital have done differently? What could you have done differently?	
What have you learned from this event?	

Part 2: Case Review and Analysis

- Chief Resident would review worksheets
  - Provided feedback to residents
  - In-depth evaluation of cases
    - Answered questions raised by the teams in regard to systems processes
    - Identified any potential cognitive biases
    - Followed up on outcomes
- Compiled into a single presentation

Part 3: The Conference

- Open to all residents and medical students
  - **Closed to any faculty aside from chiefs**
  - Sign hung on door of conference room each month
- Relaxed, open atmosphere
- Privacy is essential
  - Door to conference room was shut

Conference Format

- Conference Format
  - Statement of confidentiality
  - Review of event reporting processes at our hospitals
- Debriefing Education
  - Reviewed the model adapted by McDermott et. al [6].
  - Invited seniors to include pearls and advice

Peer Debriefing Model

Component of Debriefing	Sample Questions and Guides
Factual Information	Review circumstances of distressing event
Emotional Connection	What was it like taking care of this patient? What was the most distressing aspect of caring for this patient? What was the most satisfying aspect of caring for this patient?
Grief Responses	What thoughts or feelings are you experiencing since the distressing event?
Strategies for Coping with Grief	How do you take care of yourself so you can continue to provide care for other patients and families? What will you do to support yourself as you process this situation? Review available resources
Lessons Learned	What lessons did you learn from caring for this patient? What will you remember most about this patient/family/case?
Conclusion	Acknowledge care provided Acknowledge emotional reactions Thank participants for openness Refer to specific resources, if needed Ask how you can tangibly help

Model adapted by McDermott A, from Keene E, Hutton N, Hall B, and Rushton C. Bereavement Debriefing Sessions: An Intervention to Support Health Care Professional in Managing Their Grief After the Death of a Patient. *Pediatric Nursing*. 2010. 36;4:185-89.

Conference Format (continued)

- Case Review
  - Deidentified version of each case presented.
  - Prompts presented, but free discussion allowed moderated by Chief
  - Residents would discuss a lot
    - Similar cases
    - Coping mechanisms
    - Practical advice
    - Ideas for QI projects
- Reviewed mental health resources at the completion of the session.

Thoughts on Case 2?

- How does it feel when you can't get the team under control during a code?
- How would you have felt if you showed up to a rapid that should have been a code?
- How do you deal with frustration with other team members while coding a patient or in an equally acute situation?