

# Design Document: Coping with Death for Healthcare Professionals

Company Name: XXXX

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	Section	Item	Notes
1	Notes to Reviewers	Focus	Please focus on the <b>accuracy</b> and <b>completeness</b> of the high-level overview of content during this review cycle. Consider how well it solves the problem at hand. Does it meet the stated goals? Is it feasible? Will it move the metrics needed? Does this plan outline cover needed topics? Are there topics that do not need to be covered or some that need to be added?
		Designer Questions	Questions for reviewers will be <b>highlighted in yellow</b> . All questions will need to be answered before design can begin. Look to the right of the page for notes from the designer.
		Feedback	In the top right corner of the screen, there is a pencil icon showing that you are in editing mode. You will want to select this and choose "Suggesting." This will look like a piece of paper with a pencil in it (square with pencil icon). Anything you type directly on the document will be tracked and will appear as a suggestion to be reviewed.  You may also add off screen comments without typing directly on the document by highlighting the text you'd like to comment on and using the command "Insert Comment" (command-option-M) or going to the "Insert" Menu at the top of the page and choosing "Insert Comment."
		Optional Tip	For simplicity of viewing, I recommend choosing a pageless set up. To do this, go to the File drop down menu and choose "Page Setup." Select the "Pageless" view from the choices on the top.
		Timeline for Review	XXX

2	Business Purpose	<b>Company</b>	XXX is a hospital system in a large metropolitan area that employs 3,600 individuals with direct patient contact.
		<b>Need</b>	<p>Burnout is a long-term stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment. The healthcare environment—with its packed work days, demanding pace, time pressures, and emotional intensity—can put physicians and other clinicians at high risk for burnout.</p> <p>XXX is a hospital system in a large metropolitan area that has experienced a 54% increase in emergency room visits over the last 20 years, resulting in nearly 90,000 emergency room visits and 26,000 hospital admissions per year. Prior to Covid, approximately 2% of patients admitted to the hospital died during their stay. As health care professionals, experiencing the death of a patient is nearly guaranteed. Research on the mental health of medical professionals indicates that they are often socially pressured to avoid showing emotion. Emotions that might be seen as weakness are often viewed as unprofessional and not in alignment with the view of medical professionals as superhuman rescuers.</p> <p>Before the COVID-19 pandemic, healthcare burnout rates ranged between 20 and 40%, with higher rates in emergency medicine and intensive care units. The pandemic amplified burnout rates, with some studies showing rates as high as 50%. While employee burnout is problematic in any industry, it can lead to fatal consequences in healthcare due to mistakes in patient care.</p> <p>The strain on medical professionals is leading to a growing shortage of medical professionals. 1 in 3 health care professionals have reported that they have or are considering leaving the profession due to burnout. It is estimated that by 2026, 26,000 primary healthcare physicians will leave the field, making primary care more difficult to obtain and increasing the burden on hospitals. By 2025, there is predicted to be a national shortage of nurses between 250,000 and 400,000.</p> <p>This course is meant to assist health care professionals deal with one common cause of burnout - the emotional strain experienced after a patient dies. Learners will be able to identify the effects of patient loss on medical professionals, explain how thoughts, behaviors, and emotions are connected, construct their own individual plan of coping strategies, and learn to use assertive communication techniques to obtain resources for their well-being.</p>
		<b>Goals &amp; Measures of Success</b>	The goal of this course is to begin a dialog among staff and increase awareness of personal care after the loss of a patient. Recognizing that burnout is a long-term problem and that the stresses on health care professionals extend well beyond the scope of this course, measures of success are incremental steps to providing support for healthcare professionals in stressful times.

			<p>Measures of success will include:</p> <ul style="list-style-type: none"> <li>- A 3% reduction in self-reported stress markers among healthcare professionals with direct patient care 30 days after completing the course</li> <li>- A decrease of 2% of burnout markers as reported by the Maslach Burnout Inventory (MBI) after 6 months</li> <li>- Increase levels of satisfaction that healthcare professionals report with their job by 3% after 1 year</li> </ul>
3	Target Audience	<b>Primary</b>	<p>This training will be offered for groups of medical professionals who have direct contact with patients:</p> <ul style="list-style-type: none"> <li>- Doctors</li> <li>- Nurses</li> <li>- Physician assistants and aides</li> <li>- Mental health therapists and social workers</li> <li>- Physical therapists, occupational therapists, respiratory therapists</li> </ul>
		<b>Secondary</b>	Radiology and lab techs
		<b>Tertiary</b>	Other health care professionals who express interest in attending the training
4	Training Time	<b>Estimated Time</b>	150 minutes
		<b>Rationale</b>	Pulling healthcare professionals away from a day of clinical work is increasingly difficult with the rising need for health care and the growing shortage of care professionals. However, training needs to be long enough to allow for comfort in discussing personal, difficult topics and feelings. Two hours is seen as a reasonable time to have medical professionals step away from patient care but enough time to begin to explore the topic and find supportive colleagues.
5	Training Recommendation	<b>Format</b>	This course will be conducted in a virtual instructor-led training format.
		<b>Rationale</b>	With a topic as complex, personal, and emotional as this, it is essential to have a live facilitator to respond to learners in a human fashion. In addition, one of the goals is to connect health care professionals to one another and develop support networks for processing deep emotions.

			However, given the complexity of hospital schedules and staffing, it will be nearly impossible to get staff into the same room at the same time to do this course in person. Completing the course virtually also allows the learners to be in a safe and supportive space as they process the emotional strain that occurs with patient death.
6	Deliverables	Powerpoint Deck	Visual displays, content, media, and activity introductions
		Facilitator Manual	Overview of content, goals, slide by slide script and plan for both the facilitator and the producer.
		Participant Handbook	User guide with images and places for learners to document the work they do in groups and in activities throughout the course.
		Job Aid	4" x 5" card that can fit into a shirt pocket with resources and stress reduction strategies on one side and feelings statements on the other.
7	Learning Objectives	<b>At the end of this course, the learner will be able to:</b>	
		L01	Identify physical, mental, emotional, and social effects of patient deaths on health care professionals.
		L02	Explain how thoughts, emotions, and behaviors are connected.
		L03	Construct an individual plan to use short and long-term coping strategies.
		L04	Employ assertive communication to express needs and feelings.
8	Training Outline	Introduction	1. Welcome (2 minutes)
			(2 minutes) Poll: a. Have you ever had a patient in your care die? Results - displayed on screen
			2. Ground Rules (3 minutes) 3. Learning Objectives (2 minutes)

		<p>(3 minutes) Poll:</p> <p>a. What was your experience after the death of a patient? (If you have experienced more than one, focus on the most recent patient.)</p> <ul style="list-style-type: none"> <li>i. No discussion outside of death pronouncement</li> <li>ii. Discussion about the death focused on medical events with the team present</li> <li>iii. Acknowledgement of the death as a human event in addition to medical discussion</li> <li>iv. Discussed the death with a friend, family member, or spiritual leader</li> <li>v. Discussed the death with a trained mental health counselor</li> <li>vi. Discussed the death with a support group</li> <li>vii. I have not yet experienced the death of a patient</li> </ul> <p>Results shown on screen.</p>
	<b>Prevalence</b>	<p>1. Prevalence / Problem (3 minutes)</p> <ul style="list-style-type: none"> <li>a. 250,000+ deaths in ED alone per year, not including COVID deaths</li> <li>b. Nearly 25% of doctors report that a patient dying is 'very disturbing'</li> <li>c. 30% of resident doctors experience PTSD symptoms after a patient dies</li> <li>d. 63% of deaths in a hospital have no discussion whatsoever by medical team around the death</li> <li>e. The other 37% of deaths the discussion was only medical</li> <li>f. To survive, health care providers reported coping primarily by <ul style="list-style-type: none"> <li>i. Externalizing</li> <li>ii. Becoming numb</li> <li>iii. Developing a morbid sense of humor</li> </ul> </li> </ul>
		<p>(6 minutes) Word cloud poll:</p> <p>What did you experience as an individual after the death of a patient?</p> <p>Results shown on screen.</p>
	<b>Impacts of Patient Death</b>	<p>1. Recognize how patient deaths impact you (4 minutes)</p> <p>Patient deaths are natural, but as a human being who got into the profession to help people, it is clear that they impact you.</p>

This can lead to recurrent stress - burnout

“Grief, when permitted, helps process the pain of loss and allows for the pain to heal.”

~ Oates (Source 2)

a. Physically - some in the moment and some long term

- i. Headaches
- ii. Tired
- iii. On edge / irritable
- iv. Nightmares
- v. Trouble eating or sleeping
- vi. Decreased impulse control
- vii. Trembling / shaking
- viii. Nausea
- ix. Difficulty breathing
- x. Dry mouth

b. Mentally / Emotionally / Socially

- i. Loneliness and isolation
- ii. Depression
- iii. Anxiety
- iv. Less trust in others / less trust in institutions

c. Emotionally

- i. **Common emotions / feelings:** Loss, guilt, failure to meet own expectations, fear, questioning competence, sadness, bitterness, sadness, emptiness, numb
- ii. **Common experiences:**
  - 1. 47% of doctors experiences impairment through the rest of their shift after a death
  - 2. Death notification is daunting, difficult; dealing with family is emotionally exhausting
  - 3. Confronting own mortality and that of family and friends

		<ol style="list-style-type: none"> <li>4. Questioning competence</li> <li>5. Comparing feelings / reactions to others</li> <li>6. Feeling as though need to be strong for others</li> <li>7. Feeling let down by the medical system</li> <li>8. Feeling worried about malpractice suits, end-of-life directives, trauma</li> </ol> <p><b>iii. Common outcomes:</b></p> <ol style="list-style-type: none"> <li>1. Depression, anxiety, PTSD, burnout <ol style="list-style-type: none"> <li>a. This becomes increasingly more common if you don't deal with it or avoid your feelings</li> </ol> </li> <li>d. In your care for others <ol style="list-style-type: none"> <li>i. Increased mistakes</li> <li>ii. Less empathy</li> </ol> </li> </ol>
		<p>Breakout room: (15 minutes)</p> <ol style="list-style-type: none"> <li>a. Share one experience that sticks with you.</li> <li>b. What were the effects of that experience on you: <ol style="list-style-type: none"> <li>i. as an individual?</li> <li>ii. as a medical professional?</li> </ol> </li> <li>c. What support did you get to help you through that experience?</li> </ol>
		<p>Zoom Whiteboard share out: (7-8 minutes)</p> <p>Sticky notes that each group can share things that came up in their breakout room or thoughts they had, shared experiences, etc.</p>
		<p>10 minute break</p>
	<p><b>Emotional, Physical, and Behavioral Connection</b></p>	<ol style="list-style-type: none"> <li>1. The three are intricately linked (3 minutes) <ol style="list-style-type: none"> <li>a. Studies show that pain in any one of them causes pain in the other two (ie. emotional pain makes physical pain worse, and vice versa)</li> </ol> </li> <li>2. Behavior is separate from emotions but strongly influenced by them</li> <li>3. Emotions are not conscious <ol style="list-style-type: none"> <li>a. Create a physical response in your brain</li> </ol> </li> </ol>

		<ol style="list-style-type: none"> <li>4. Feelings are conscious and are based on our perception of what we are experiencing; feelings are directly related to our thoughts and are a combination of our thoughts and our emotions</li> <li>5. You may think of things based on your feelings</li> <li>6. Several strategies to parse this out:             <ol style="list-style-type: none"> <li>a. Slow down and separate thoughts from feelings                 <ol style="list-style-type: none"> <li>i. Recognize what you are thinking</li> <li>ii. Recognize what you are feeling</li> <li>iii. Ask yourself - what is actually happening that my brain is trying to make sense of?</li> </ol> </li> <li>b. Allow feelings and thoughts to exist without affecting behavior</li> </ol> </li> <li>7. Because of the strong link between emotions, behavior, and thoughts, consciously focusing on any one of them can directly affect the others</li> </ol>
		<p>Individual reflection exercise (6 minutes)</p> <p>Think of a recent event or situation where you felt strong emotions. Close your eyes and put yourself in that situation again. Imagine the day, what it looked like, felt like. What was the temperature? Who was there? To the best of your ability, relive that event.</p> <p><b>Write down or type your answers to the questions:</b></p> <ol style="list-style-type: none"> <li>1) What were your thoughts?</li> <li>2) What were you feeling?</li> <li>3) How did you behave?</li> </ol> <p><b>What were the facts of the event that your brain was making sense of through those thoughts, feelings, and behaviors? How did they help you manage the events?</b></p>
		<p>Zoom Whiteboard share out: (3-5 minutes)</p> <p>Sticky notes that each group can share things that came up in their breakout room or thoughts they had, shared experiences, etc.</p>
	<p><b>Coping Strategies</b></p>	<ol style="list-style-type: none"> <li>1. Identify coping strategies</li> </ol> <p>The truth is that you never get used to patients dying. It will always bring with it emotions</p>



		<p>and thoughts. Sometimes you feel and think things right away - sometimes later. Sometimes, you try to push it down and move on - but, that doesn't make the feelings go away.</p> <p>Everyone deals with stress and the loss of a patient in different ways and on different timelines, but, one way or another, these feelings have to be dealt with or they begin to impact your work and your outside life.</p> <p>Recognize that your well-being and resilience matters!</p> <ul style="list-style-type: none"> <li>- For you</li> <li>- For your family and loved ones</li> <li>- For the care of your patients and colleagues</li> </ul>
		<p>Breakout rooms - brainstorm positive short and long-term coping strategies in four areas: social, mental, spiritual, and physical.</p>
		<p>There are many things that are outside your control; well-being involves focusing on the things that you CAN control</p> <ul style="list-style-type: none"> <li>a. In the moment       <ul style="list-style-type: none"> <li>i. Social           <ul style="list-style-type: none"> <li>1. Acknowledge the weight               <ul style="list-style-type: none"> <li>a. In the room, at the moment, 'I'd like to have everyone stay here for a moment after we're finished. "We didn't know this gentleman. We don't know his name. But just as we have people in our lives that we love and people who love us, we can assume that this gentleman had people in his life that he loved and people who loved him. So in recognition of that and in recognition that someone has died, let's just have a moment of silence." ~ Dr. Farzon Nahvi</li> </ul> </li> <li>2. Find someone to talk to               <ul style="list-style-type: none"> <li>a. Be there for other people when they go through it                   <ul style="list-style-type: none"> <li>i. Name what they said</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul>

			<ul style="list-style-type: none"><li>ii. Reflect understanding of their feelings</li><li>iii. Respect the way that they are processing it</li><li>iv. Offer support</li><li>v. Explore - ask open-ended questions to help them process what they feel</li><li>vi. Do not use euphemisms or joke about it as a way to try to lighten the topic</li></ul> <p>b. Develop networks!</p> <ul style="list-style-type: none"><li>3. Find someone to sit with you quietly in your pain</li><li>4. Acknowledge your feelings</li></ul> <p>ii. Mental</p> <ul style="list-style-type: none"><li>1. Focus on what you can control</li><li>2. Take a mental break away from caring for others</li><li>3. Practice slow breathing</li></ul> <p>iii. Physical</p> <ul style="list-style-type: none"><li>1. Take a break in a different space</li><li>2. Exercise</li><li>3. Lay down for five minutes with your eyes closed</li></ul> <p>b. In the long-term</p> <ul style="list-style-type: none"><li>i. Social<ul style="list-style-type: none"><li>1. Enlist peers</li><li>2. Attend formal support groups</li><li>3. Seek individual counseling</li><li>4. Spend time and connect with family and friends</li><li>5. Access local resources</li><li>6. Ok to contact family / attend funeral, especially if you were a long-term doctor</li><li>7. Provide resources to the family which can help alleviate feeling of responsibility and/or guilt</li></ul></li><li>ii. Mental and spiritual</li></ul>
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			<ol style="list-style-type: none"> <li>1. Meditate</li> <li>2. Break down problems into manageable chunks and consider tackling them a little bit at a time</li> <li>3. Keep a gratitude journal</li> <li>4. Get organized - let some things go in order to free up mental resources             <ol style="list-style-type: none"> <li>a. Decide where each task actually belongs: Do, Defer, Delegate, Delete</li> </ol> </li> <li>5. Prioritize the pieces that are causing you worry to free up time to adequately heal from stress</li> <li>6. Add yourself to your calendar - schedule dedicated time to focus on your passions</li> <li>7. Write a mission statement</li> <li>8. Create meaning in your job by keeping a log of meaningful, inspiring patients</li> <li>9. Focus on self-awareness</li> <li>10. Volunteer</li> <li>11. Embrace joy - even if you have to fake it til you make it</li> </ol> <p>iii. Physical Many healthcare professionals do not take good physical care of themselves.</p> <ol style="list-style-type: none"> <li>1. Train yourself so that you can lower your heart rate through deep breaths</li> <li>2. Schedule and prioritize sleep</li> <li>3. Focus on appropriate outlets</li> <li>4. Engage in daily physical activity</li> <li>5. Schedule preventive care visits (most doctors do not have a primary care physician)</li> </ol> <p>iv. Other</p> <ol style="list-style-type: none"> <li>1. Attend GRIEV_ING training which is a 2 hour educational intervention to assist in death notification training</li> </ol>
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		Share: Look back at the list you brainstormed with your group. Is there anything we should add to our list? Slido.com - open text
		Pause - Individual Reflection / Construction of a Plan (10 minutes)
	<b>Communicating About Emotions &amp; Using Assertive Language to Get What Is Needed</b>	Being understood and accepted are essential human needs <ul style="list-style-type: none"> <li>1. Communicating about strong emotions <ul style="list-style-type: none"> <li>a. Take time to reflect if needed</li> <li>b. Take a deep breath</li> <li>c. Be ok with messiness <ul style="list-style-type: none"> <li>i. You can have more than one emotion at a time</li> </ul> </li> <li>d. Practice naming emotions</li> <li>e. Find the right time so that the other person can really listen to you</li> </ul> </li> <li>2. Self-advocacy: Using assertive language to get what you need <ul style="list-style-type: none"> <li>a. Will look different from person to person and in different situations</li> <li>b. Be factual: what is the issue <ul style="list-style-type: none"> <li>i. State point of view / need clearly</li> <li>ii. Explain your feelings using "I" statements</li> </ul> </li> <li>c. What solution would be beneficial to you? <ul style="list-style-type: none"> <li>i. Stay calm and positive / neutral</li> <li>ii. Be clear</li> </ul> </li> <li>d. Know your rights</li> <li>e. Keep records</li> </ul> </li> </ul>
	<b>Summary</b>	1. Summary
	<b>Quiz</b>	None
<b>9</b>	<b>Assessment Plan</b>	<b>Knowledge Checks</b> Polls and informal knowledge checks after activities

		<b>Graded Quiz</b>	None
		<b>Post-Course Surveys and Markers</b>	<ul style="list-style-type: none"><li>- Day of: conduct a blind participant survey</li><li>- 30 days after: stress self-report questionnaire (also administered prior to course)</li><li>- 6 months after: Maslach Burnout Inventory (MBI) (also administered prior to course)</li><li>- 1 year: job satisfaction self-report questionnaire (also administered prior to course)</li></ul>

