Coping Strategies after Patient Death For Medical Professionals

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General Information

Course at a Glance

Slide	Total Time	Торіс
1	3 minutes	Welcome
2-3	2 minutes	Introductory Poll: Have you experienced the death of a patient in your care?
4	3 minutes	Announcements
4	2 minutes	Learning Objectives
6-7	2 minutes	Second Poll: What was your experience with the medical team after the death of a patient?
8-9	4 minutes	Content: Why patient deaths pose a problem for medical professionals
10-11	2 minutes	Word Cloud: Individual experiences after the death of a patient
12-13	20 minutes	Breakout Rooms: Share experiences, What were the effects on you? What support did you get?
14	4 minutes	Content: Common Experiences of medical professionals
15	3 minutes	Check-in
16	15 minutes	Break
17	3 minutes	Content: Mind, Emotions, Body, Behavior (MEBB) Connections

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18-19	15 minutes	Solo Reflection Activity/ Share: What thoughts, feelings, behaviors, did you have about a stressful situation? What facts was your brain trying to make sense of?
20	3 minutes	Content: Coping Strategies Introduction
21	6 minutes	Breakout Rooms: Brainstorm Healthy Coping Strategies
22-23	5 minutes	Content: Overview some healthy coping strategies
24	3 minutes	Sharing: Any on your brainstorm list we should add?
25	10 minutes	Individual Activity: Construct own plan to cope in the moment and develop long-term resiliency
26-27	5 minutes	Content: Communicating about emotion; assertive self-advocacy
28	7 minutes	Breakout rooms: Practice developing assertive communication around tough emotions
29	3 minutes	Summary
30-31	3 minutes	Word Cloud: What will you take away from today's workshop?
32	2 minutes	Wrap-Up Challenge
33	10 minutes	Q&A

Time

This course will be 150 minutes (2.5 hours) long with several self-reflection periods. The total run time of the slide deck is 110 minutes, plus a 15 minute break and a 10 minute Q&A session at the end of the course. That leaves 15 minutes for transitions between slides and activities.

- Slides 1 15: 45 minutes
- Slide 16: 15 minute break
- Slides 17-32: 80 minutes
- Slide 33: 10 minute Q&A session

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Suggested Materials and Supplies

For Facilitator:

- Zoom connection
- Paper and pen
- Computer with web capabilities, camera, and microphone
- Software: Zoom, Zoom Whiteboards, Slido
- Timer

For Producer:

- Zoom connection
- Paper and pen

Technology Considerations

- Computer with web capabilities
- Software: Zoom, Zoom Whiteboards, Slido

For Learner:

- Zoom connection
- Smart phone, tablet, or computer with web capabilities
- Paper and pen or word processing software
- Highlighters, markers, colored pencils, if desired
- Online participant guide

All participants will need access to a computer, laptop, tablet, or phone with internet capabilities, a camera, and microphone.

- Zoom
- All participants will need to access a separate web page during the presentation for polls and Q&A
- Optional use of Participant Guide on Google Docs

Resources

Resources for staff are provided in the Participant Guide and include local resources and excerpts from the staff handbook.

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Visual Cues

Visual cues are used throughout the course to help you quickly and easily organize, recognize, and navigate through content. Cues used in this course are outlined below.

Visual Cue	English translation	Visual Cue	English translation	Visual Cue	English translation	Visual Cue	English translation
	Say		Poll		Time	?	Questions to ask
	Do		Breakout Room / Group activity		Steps of an activity		Show / Model / Display
	Make the following key points		Group share		Summarize	i	Additional Information for the Facilitator; not to be read aloud

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Program in Perspective

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.

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.

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.

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.

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.

The goal of this course is to begin a dialogue 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.

This training will be offered for groups of medical professionals who have direct contact with patients:

- Doctors
- Nurses

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- Physician assistants and aides
- Mental health therapists and social workers
- Physical therapists, occupational therapists, respiratory therapists

Secondarily, radiology and lab technicians or other healthcare professionals who express an interest in the topic will be attending the training.

Learning Objectives

- 1. Identify physical, mental, emotional, and social effects of patient deaths on medical professionals.
- 2. Explain how thoughts, emotions, physical health, and behaviors are connected.
- 3. Construct an individual plan to use short and long-term coping strategies.
- 4. Employ assertive communication to express needs and feelings.

A Note About Online Learning

Online learning events require more of the learner, who must take responsibility for their own learning and be an active participant. Your primary responsibility is to provide encouragement, facilitate discussion, and answer questions. The most difficult piece of this is generally sustaining their attention in an online forum.

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Preparing for the Session (Session 1)

Producer: Pre-Work	Review the video and audio clips in the slide deck to ensure functionality.
	Review the 5 Slido.com questions/polls to ensure functionality. Reset results if necessary. Use Supplementary Resources to reset if necessary.
	Test the functionality of the QR code for the Slido polls and check that the login code is accurate.
	Prepare poll links, QR codes, and login codes to copy and paste into chat as necessary.
	Set up Zoom; ensure screen sharing is functional. Check volume, microphone, and camera.
	Set up 3 Zoom whiteboard templates (in Supplementary Resources)
	Set up Breakout rooms so that they will have 3-5 participants (prefer 4) depending on group numbers. Change settings so that participants randomly are assigned to breakout rooms.
	Content rehearsal to practice transitions, interactive activities, and confirm timing
	Check and distribute Participant Guide
	Prepare tech support information for participants and share this with the facilitator
	 Prepare for in-session work: Monitor waiting room Monitor chat; convey questions to facilitator Tech Support for facilitator Tech Support for participants Share links in the chat Record the meeting

Facilitator: Pre-Work	Review the entire Facilitator Guide and slide deck; review the discussion questions and answers
	Download the slide deck and practice sharing screen
	Rehearse the timing and content with the producer
	Obtain necessary materials
	Prepare welcome / introduction of self
	Add tech support information to slide after conferring with the producer
	Change the name and date on the cover page of the slide deck.
	Dial into Zoom at least 15 minutes prior to the start of the course.

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Course Information

Slide	Time	Slide	Facilitator Notes	Producer Notes
1	3 min	Welcome Coping Strategies Death of a Patient and the Medical Professional ULT Presentation Date	SAY: Welcome. Thank you so much for being here today. Today, we're going to talk about something that many of us have experienced and that can be difficult to discuss, the death of a patient. My name is and I am (clarify your expertise and role as the facilitator).	DO: Watch the waiting room to let late arrivals into the meeting. Share screen; full screen.
2	1 min	Pol	SAY: We're going to start with a poll. We'll be using a platform called Slido. You can access it by scanning the QR code or by going to the website Slido.com and entering the login code: 2935259. It will be the same login each time we use it, but I'll always give you this image ahead of time so that you can find it again in case you close out of it. You will also find the link to the poll and the code in the chat.	DO: Make sure the poll is active. Copy and paste poll link and code into the chat. Watch the chat for people who are having difficulty and offer tech support if needed.

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3	1.5 min	* Note that this is a sample. The actual slide will look different based on participant answers.	Slido Poll Results SAY: Here's where our room is: roughly% of our group of (# attendees) have experienced the death of a patient. So, we know it's not uncommon. Here's a rhetorical question for you to ponder: is this the result you would expect given the frequency that you talk about the death of patients with your colleagues?	Slido Poll Results DO: Double check that the results of the poll shown on the screen are clear, centered, and match the numerical results of the poll on Slido.com. Watch the chat and provide technical assistance as needed.
			Much of the research around medical professionals and the way they deal with death is anecdotal and focuses on doctors as opposed to other medical professionals. From the research on doctors, we see that more than $\frac{2}{3}$ of deaths are not discussed and that the effects on doctors are much greater if they had cared for the patient for a longer period of time or if the doctors are female. There is also a decreasing rate of reports that deaths are upsetting based on a doctor's tenure in the field.	As the slide deck is moved past this poll, Slido will ask if we want to reset the poll. Do not reset at this time; we will reset all the polls after the session is complete in case we want to return to the data later. Keep the poll open until the session is complete.
4	3 min	Announcements	SAY: There are several announcements to get started. We will be working with one another throughout our time together, and it's vital that we stay focused and present. There are so many things pulling your attention in every direction and as professionals in the medical field, you are used to being present for everyone else. I hope, for this half day session, that you can really take the time to	

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	focus on yourself and what you can take from this. As such, please silence your phones and keep yourself muted on Zoom except in group sessions.	
	Technical support will be offered by our wonderful producer, You can send them a message in that chat if you are experiencing difficulty and they will respond.	
	The course is 2.5 hours long with a 10 minute break. There will also be several opportunities to reflect individually throughout the course.	
	A link to an optional participant guide is available for you in the chat. It is a Google document; you should make a copy for yourself and then you will be able to type directly on it. Other resources are available in your company employment handbook.	
	As professionals, you know how important it is to keep patient details confidential. We will be talking about our experiences throughout the day with our colleagues. Avoid using any potentially identifiable information about your patients.	
	Lastly, I want to acknowledge that this training may bring up a range of emotions. It's important that this be a safe and supportive space where everyone feels comfortable sharing their experiences. Avoid interrupting or judgemental comments; everyone copes differently and has different experiences throughout their careers. It's important to respect the privacy of your colleagues in this work; what is shared in our session today is expected to be kept confidential.	

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5	2 min		 SAY: We have four goals for our training today. First, when you leave here, you should be able to identify both the short and long-term physical, mental, social, and emotional effects that losing a patient has. Secondly, you will be able to explain the connection between thoughts, feelings, physical sensations, and behaviors - because, if we can interrupt the cycle with any one of these through effective coping strategies, you can change the experience. Then, we're going to take some time to construct your individual coping plan, identifying some short and long-term coping strategies that you, personally, think could be helpful in developing long-term resilience. Finally, we will practice using assertive self-advocacy to express your feelings and get what you need after stressful events. 	
6	1 min	Pol	Slido Poll Intro SAY: As we get started, let's look at our experiences of patient death more closely. You can access the poll through the same window you used before, or if you closed the window, you can follow the QR code or the link in the chat with the login code to access it. SAY: There's one question, and you can select multiple answers.	DO: Make sure the poll is active. Copy and paste poll link and code into the chat. Watch the chat for people who are having difficulty and offer tech support if needed.

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			What did you experience processing the experience with your colleagues or other support persons after the death of a patient? If you've experienced more than one death, focus on the most recent.	
7	1 min	<image/> <complex-block></complex-block>	Slido Poll Results SAY: We know that experiencing the death of a patient is a common experience. In this room today, many of us didn't acknowledge the event with our peers. Only% of us spoke about the impact of this very human event beyond basic medical discussion with our peers. Another% of us only spoke of medical information, and% of us didn't have an opportunity to do more than pronounce death. We know that experiencing death affects us. But, for many different reasons our knee jerk reaction is to avoid it. That's what we're going to talk about today. DO: Scan the participant gallery and see if anyone seems to be struggling / have questions. Send a private message via the chat if you believe that it is necessary to check in individually.	 Slido Poll Results DO: Double check that the results of the poll shown on the screen are clear, centered, and match the numerical results of the poll on Slido.com. Watch the chat and provide technical assistance as needed. As the slide deck is moved past this poll, Slido will ask if we want to reset the poll. Do not reset at this time; we will reset all the polls after the session is complete in case we want to return to the data later. Keep the poll open until the session is complete.

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8	2.5 min	Problem Enotional Effects 2 5% doctors characterize a patient death as "ery disturbing" 3 0% Residents experience PTSD	SAY: Death is part of the medical field. But, that doesn't take away its impact. A quarter of seasoned doctors reported feeling that they found the deaths of patients "very disturbing," and 30% of resident doctors in the emergency room experienced documented PTSD symptoms after losing a patient. In one study of a New England emergency room, nearly 2/3 of the deaths that happened received no acknowledgement – the team pronounced the death and the time and then left to go to other work. Where there was some discussion, the team only mentioned medical facts. That means that people in the medical profession find ways to cope on their own. To survive, medical professionals reported becoming numb, developing a morbid sense of humor, or externalizing the deaths to avoid dealing with the impact that losing a patient has on us. We can do better.	
9	1.5 min	All the art of living lies in a find mingling of letting go and holding on.	SAY: You have chosen a profession that encompasses the whole of the human experience. The animal nature of our bodies, birth, death, and everything in between. Knowledge, however, does not lessen its impact on us.	

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		Experiencing the birth of our child still feels miraculous even when we've seen it before. Experiencing death still invokes feelings of sadness, loss, fear, perhaps guilt, or shock - in short, pain - even when we understand that it is a natural part of the life cycle. When we permit ourselves to <i>feel</i> the emotions that come with our professions and acknowledge the full humanity of the life that was with us, that is when the pain begins to heal.	
10	1 min	Slido Word Cloud Intro SAY: We're going to create a word cloud so that we can see others' experiences. Open the same site - Slido - that you used before or follow the QR code or the link in the chat. SAY: Think about your experiences with patient death. Type in a word or phrase about your personal experiences - how did you feel? What happened to your body? How did it affect you as a human being? Or as a medical professional? You can type several words or phrases if you would like, just hit enter after each one.	 Slido Word Cloud Intro DO: Make sure the word cloud question is active. Copy and paste poll link and code into the chat. Watch the chat for people who are having difficulty and offer tech support if needed.

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11	1 min	Join at 12335 2539	Slido Word Cloud Results SAY: You can see from our word cloud that the most common experiences in this room are: and [biggest words.]	Slido Word Cloud Results DO: Double check that the results of the poll shown on the screen are clear, centered, and match
		* Note that this is a sample. The actual slide will look different based on participant	Other experiences included and	the numerical results of the poll on Slido.com.
		answers.	[If it makes sense to do so, link their word cloud to the information below from a 2003 NIH study.]	Watch the chat and provide technical assistance as needed.
			 Research on doctors in a teaching hospital found that: Doctors that cared for their patient for a longer period of time were closer to their patient, but also were more satisfied with their experience surrounding death 31% of doctors reported having a strong emotional reaction to death 55% reported that patient death disturbed them "very little," but still showed 2 of 14 symptoms of grief. 23% of doctors reported that patient death was "Very disturbing" The most commonly reported symptoms are: feeling upset when thinking about the patient (47%) and feeling numb (24%). Attending physicians almost never spoke of deaths with interns or resident doctors who had the strongest reactions. 	As the slide deck is moved past this poll, Slido will ask if we want to reset the poll. Do not reset at this time; we will reset all the polls after the session is complete in case we want to return to the data later. Keep the poll open until the session is complete.

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			DO: Scan the participant gallery and see if anyone seems to be struggling / have questions. Send a private message via the chat if you believe that it is necessary to check in individually.	
12	15 min	<image/> <image/> <image/> <image/> <image/> <image/> <section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header>	SAY: We're going to have an opportunity now to move into breakout rooms. You'll have 15 minutes together and in that time, I'd like each person to introduce themselves, share one experience that sticks with them, and share their experiences after the death as a medical professional and as a human being. What support did you get through that experience? SAY: Our producer is going to invite you to a breakout room now. If you need assistance, let us know in the chat or request help from the room. DO: As breakout rooms begin, watch to make sure that no group is requesting assistance. Answer questions as needed. You may also choose to join a breakout room and listen in silently, if appropriate, or offer feedback or guidance.	 DO: When the facilitator is done speaking, move the participants into breakout rooms of 3-5 (4 preferred) depending on the number of attendees. Watch the chat and the breakout rooms to ensure that anyone needing help is receiving it. When there are 2 minutes remaining in the breakout room sessions, send a message to all breakout rooms that the time is nearly up. "There are 2 minutes left in this breakout session." When there is 1 minute remaining, send a message to all breakout rooms to finish their discussion and re-enter the main room. "There is one minute remaining in this breakout session."

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				your discussion and return to the main room."
13	5 min	<image/> <image/> <image/> <image/> <image/> <section-header><section-header><section-header></section-header></section-header></section-header>	 SAY: Welcome back from breakout rooms. In just a moment, we're going to put a whiteboard on the screen with sticky notes. SAY: If you would like to, we would like to have you share your thoughts and takeaways from your breakout room. Choose a sticky note and type right into it. Some of the things you might want to share are: a. What common themes did your room share? b. What feelings did sharing bring up for you? c. How did it feel to talk about these experiences with other medical professionals? Do: Give participants approximately 2-3 minutes to type onto the page. Read these to yourself silently as they are posted. Highlight those you think might be particularly important to be shared. Choose no more than 10. To be read highlighted pink While being read, highlighted yellow After reading, highlighted green After 2-3 minutes, begin sharing the pink highlighted notes. Change their highlight to yellow as they are being read. Change their	DO: Stop sharing the PPT on the screen and turn on the white board feature on Zoom with Page A. After sharing the notes, begin screen sharing the slide deck again.

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			highlight to green after they are read. DO: Scan the participant gallery and see if anyone seems to be struggling / have questions. Send a private message via the chat if you believe that it is necessary to check in individually.	
14	4 min	<text><text><text><text></text></text></text></text>	 SAY: There are common experiences and thoughts that many medical professionals report after a patient dies. Common emotions / feelings include loss, guilt, failure to meet own expectations, fear, questioning competence, sadness, bitterness, sadness, emptiness, and feeling numb 47% of doctors experience impairment through the rest of their shift after a death For most medical professionals, death notification is daunting or difficult. Dealing with family can be emotionally exhausting. Whether we like it or not, experiencing death often makes us confront our own mortality and that of our family and friends. One nurse reported that she had to change her specialty because her children were the same age as her patients and she couldn't help but see them in the people she cared for. Many medical professionals, particularly early in their 	

 career, share that the death of a patient makes them question their competence. One of the things we often are not prepared for is the feeling of comparing our feelings and reactions to others. Am I too sad? Am I not sad enough? Is this professional? Why aren't other medical professionals acting the way I feel? What we know is that there is a culture of avoidance and toughness that isn't real. Many medical professionals report as though they feel as though they need to be strong for others because they are the 'professional' who is supposed to be "used to death." Sometimes, we feel let down by the medical system. This was certainly the case during the beginning of the COVID pandemic when information was limited and contradictory and resources were scarce. It's also not uncommon to feel worried about malpractice suits, and whether or not you met a patient's end-of-life directives, or worrying about trauma that was inflicted in a patient's last minutes. 	
 With all of this, it's not uncommon for medical professionals to feel: Depression, anxiety, PTSD, or burnout a. This becomes increasingly more common if you don't deal with it or avoid your feelings We also know that, in your care for others These unresolved feelings result in increased mistakes and Less empathy with patients. 	
This is why it's so important to develop strategies that will work for you to get support when patients die and to develop long-term	

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			resiliency. DO: Scan the participant gallery and see if anyone seems to be struggling / have questions. Send a private message via the chat if you believe that it is necessary to check in individually.	
15	3 min	* Note that this is a sample. The actual slide will look different based on participant answers.	Check In SAY: We're going to take a break here in a moment, but I want to invite you to go to the Check-in session in Slido right now. The link is in the chat if you've closed out of it. If there's anything you'd like to share, or ask, that is a great place to do it and we'll get to a few of those questions and comments. SAY (Summary): So far today, we've talked about the prevalence of patient death and documented the experiences we've had surrounding the death of patients. We know that it has effects on everyone in the medical profession. DO: Answer questions and comments as the Producer reads them.	 DO: Make sure the first Q&A session is active - labeled "Check In.". Copy and paste poll link and code into the chat. Watch the chat for people who are having difficulty and offer tech support if needed. Look at the questions or comments coming in and highlight those that are important for the facilitator to respond to. Unmute and read those questions (no more than 3-4) or comments (one at a time, leaving time for facilitator response).

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			SAY: Thank you so much for your questions and comments. If you have additional comments or questions, please put them in the Slido and we'll continue to read them and get back to those we haven't gotten to later in the session. Right now, we're going to take a 10 minute break. I will see you back here at (name time). I want to invite you, as well, to open the Zoom chat and connect with your colleagues there about your thoughts and feelings, if you wish to do so.	
16	15 min	Break	DO: Check in with the Producer about any needs.	Break DO: Watch the chat and assist anyone who needs help. Check in with the Facilitator about any needs.
17	3 min	MEBB: Mind, Emotions, Body, Behavior	SAY: Welcome back from break! We're going to get started again here in a moment, but I wanted to [address any unfinished question or business from the chat or from the Check In]. We're going to move on, now, in this second half of our session, to talk about coping strategies, starting with the reasons that coping strategies are more effective than avoiding our emotions.	

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	When we are babies, the interaction between emotions, the physical experience, our behavior, and our thoughts is clear. We feel something and we behave accordingly. Through time, this gets more and more complicated as we are socialized to hide our emotions, as emotions become more complex, as we learn new behaviors to deal with thoughts	
	We know that behavior, physical experiences, thoughts, and emotions are intricately linked. Studies show that pain in any one of them causes pain in the others (ie. emotional pain makes physical pain worse, and vice versa). This graphic on the screen is simplified - the arrows really go in all directions between all of the boxes.	
	Keep in mind as you look at this that emotions are not conscious. You don't choose your emotions. Emotions happen in your brain and create a physical response in your brain that is then interpreted and acted upon.	
	Your behavior is separate from your emotions, but strongly influenced by them. How you FEEL about those emotions or behavior is a perception - your brain making sense of the physical changes occuring because of emotions. Feelings are a combination of your conscious, unconscious thoughts, and emotions.	
	Coping strategies work because all of these are so intricately connected, we can interrupt the cycle anywhere along the way by changing something in one of those boxes. You can change your thinking or perception around something through therapy, or you can make changes to the physical experience you're having by slowing	

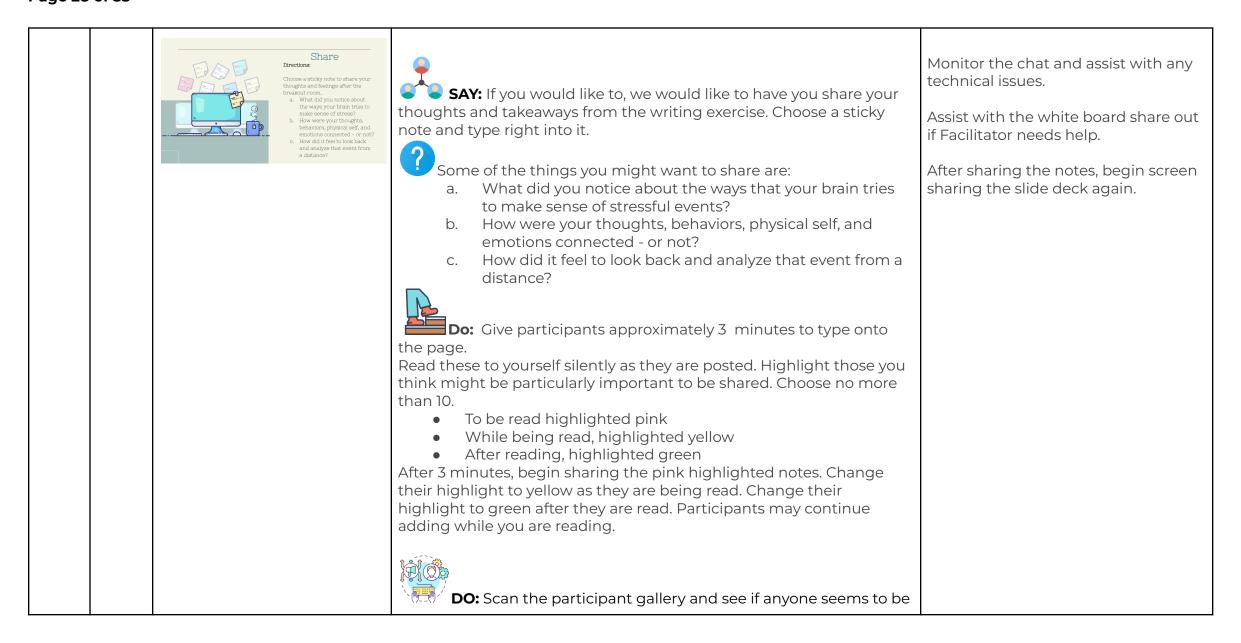
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			 your breath, exercising, or changing the environment, even changing your behavior without making internal changes - any one of those interruptions can affect the emotions and experiences you are having. The first step to doing this is to parse out what your thoughts and feelings are. Slow down and separate thoughts from feelings Recognize what you are thinking Recognize what you are feeling Ask yourself - what is actually happening that my brain is trying to make sense of? Allow feelings and thoughts to exist without affecting your behavior DO: Scan the participant gallery and see if anyone seems to be struggling / have questions. Send a private message via the chat if you believe that it is necessary to check in individually. 	
18	7 min	Solo Reflection Activity Dirak about secant event or situation where you felt strong ernotions. Chee your owes and put yourself in that situation again imagine the day, to be set of your ability relive that event. Now, grab a piece of paper and pen or a computer and answer the following cuestions. 1. What were your thoughts? 2. What were your bloghts? 3. How'd group belive? **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?	SAY: We're going to do a solo reflection activity here. You'll need a piece of paper and pen or a computer to type on. I want you to 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.	

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	ì		i i
		DO: Give them 1 minute to think. Then, click the screen to animate the next set of directions.	
		 SAY: Now, go ahead and jot down or type your answers to the questions: 1) What were your thoughts? 2) What were you feeling? 3) How did you behave? 	
		DO: Give them 2 minutes to write/type. Then, click the screen to animate the next set of directions.	
		SAY: Now, 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?	
		DO: Give people 1-2 minutes to write / type.	
19	8 min	SAY: It's important that we take the time as busy professionals in a stressful field to know what's going on in our own heads so that we can care for ourselves.	DO: Stop sharing the PPT on the screen and turn on the white board feature on Zoom with Page B.

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		struggling / have questions. Send a private message via the chat if you believe that it is necessary to check in individually.	
20	3 min	SAY: You will never get used to patients dying. You will develop strategies, and it will get easier throughout your career, but you will never get used to it. And, honestly, isn't that wonderful? You are in a profession where you want to help people - you want to heal them, to help them live their best lives. To do that, you care intensely for human beings. But, it's also a profession that is really difficult - one that involves loss. Everyone deals with this reality differently. Some people think that compartmentalization and detachment is necessary. But, as a human being, that coping mechanism eventually fails. You are affected by the human beings in your care. When they fight and win - you celebrate with them. When they fight and die - you grieve. When they don't fight - that's a different kind of grief. Watching the good, the bad, the weak, and the strong among us die because of old age or accidents or disease or violence - it's all grief. And it's all messy and it's all in you, whether you acknowledge it or not.	

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			SAY: Your resilience and health matter. They matter. They matter because you are a human being who matters and deserves to be whole. Because your family and friends need and want you to be whole. And, it matters because you can't care for the people in your care if you aren't.	
21	6 min	<image/> <image/> <section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	SAY: We're going to jump into breakout rooms here and brainstorm the longest lists you can of healthy coping strategies that can help keep you whole - that can help you develop resiliency and survive the heartbreaks that happen in your profession. There's a page in your participant guide where you can write your answers(The producer is putting that link in the chat again if you want to make a copy of it. Your group should also feel free to use the whiteboard feature. A link to an organizer for the white boards will also be in the chat. SAY: We're only going to take about 6 minutes in the Breakout room, and during that time, I want you to think of strategies - both short term and long-term - in four areas: social, spiritual, mental, and physical.	DO: Post the link to the participant guide in the chat again. Post a link to Page C in the supplementary section (whiteboard organizer) in the chat. When the facilitator is done speaking, move the participants into breakout rooms of 3-5 (4 preferred) depending on the number of attendees. Watch the chat and the breakout rooms to ensure that anyone needing help is receiving it. When there are 2 minutes remaining

				in the breakout room sessions, send a message to all breakout rooms that the time is nearly up. "There are 2 minutes left in this breakout session." When there is 1 minute remaining, send a message to all breakout rooms to finish their discussion and re-enter the main room. "There is one minute remaining in this breakout session. Please finish your discussion and return to the main room."
22	2.5 min	Social Andrewight Protein Protein Protein 1 1 Cocial Andrewight 1 Protein 1	SAY: Welcome back. There are many things that you can't control. Well-being involves focusing on the things you CAN control. Here's my short-term list, for "in-the-moment," when you have recently had a patient die. The first thing you can do is to acknowledge the weight. Dr. Farzon Nahvi shared this beautiful statement he learned from a resident doctor in an interview on NPR and in his book, Code Grey. In the room, at the moments after someone has died, say, "'I'd like to have everyone stay here for a moment after we're finished. "We didn't	

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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."	
Find someone to talk to about the experience. Develop networks now. Acknowledge your feelings. And, if you can't talk about it, find someone to sit with you quietly in your pain. Similarly, be there for other people when they go through it	
 From a mental standpoint, Focus on what you can control Practice slow breathing. Take a mental break away from caring for others. It's ok for you to take a few minutes before rushing off to care for the next patient. It's ok for you to go into an empty room and cry. 	
Physically, sometimes you just need to be in a different space for a few minutes. Go outside and breathe. Take a 10 minute break and visit the healthy babies. Lay down for five minutes with your eyes closed. Or, if you can, get some exercise in there. Kickboxing might be a great relief - but if you can't get to a kickboxing gym, even 5 minutes of dancing in your office can help to reset your brain.	

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			Finding ways to connect to your spirituality can also help. Meditate, pray, or go sit in the woods for an hour. Acknowledge that you have emotions and let them be.	
23	2.5 min	<section-header><section-header></section-header></section-header>	SAY: Long-term, the strategies don't look much different, but they are really focused on developing resilience so that the trauma we experience doesn't dig in so deeply. Enlist your peers. Create social networks that are open to talking about real issues and supportive of feelings. Formal support groups, individual counseling, and local resources are all essential for people in high-stress jobs. Make sure to spend time and connect with your family and friends - we need our networks. Research also suggests that supporting a patient's family, by attending the funeral if you knew them well, or providing resources to the family, helps medical professionals feel more positively about the patient's death. There is a growing body of evidence that meditating has a wide range of positive outcomes and can help develop resilience. Keeping a gratitude journal, or a log of inspiring patient stories, volunteering, or even finding ways to embrace joy in your daily life can reconnect you to a positive mental place. Even taking the time to break down problems into manageable chunks, getting organized, and deciding if tasks belong in the "Do, Defer, Delegate, or Delete" categories can free up mental resources, allowing you to focus on bigger issues. Prioritize the pieces that are	

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			causing you to worry so that you can free up time to deal with stress. Add yourself to the calendar. What do you WANT to do? What do you NEED to do to take care of yourself? Those things should be as important as anything else on your "to-do" list. Physically, we know that medical professionals are some of the least likely to physically care for themselves. 80% of doctors report not having a primary care physician. Your physical well-being matters. Schedule and prioritize sleep, train yourself so that you can lower your heart rate through deep breaths, focus on appropriate outlets, engage in daily physical activity, and schedule preventive care visits. Finally, we recommend attending a 2 hour educational intervention to assist doctors and medical professionals in death notification. Taking this training can lower stress around delivering this news to family and friends.	
24	3 min	Cthers? Bildoom Open Text response - will show on screen Cook back at the list you brainstormed with your group. Are there others we should add to our list?	SAY: Let's look back at your brainstormed lists. What do you have on your list that wasn't on mine? What can we add to our toolbox?	 DO: Make sure the Open Text session is active - labeled "Coping Brainstorm.". Copy and paste poll link and code into the chat. Watch the chat for people who are having difficulty and offer tech support if needed.

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			SAY: What other healthy coping strategies should we add to the list?	Troubleshoot if necessary - text should be appearing on the slide.
			DO: Read and respond to the shared statements as they appear on the screen.	
			DO: Scan the participant gallery and see if anyone seems to be struggling / have questions. Send a private message via the chat if you believe that it is necessary to check in individually.	
25	10 min	 Construct a plan to develop resiliency identify three things you believe might help you to do at the time a patient dise. identify three things you can start doing now to develop resiliency to support you when a patient dise. 	SAY: Fantastic - now we have some ideas of coping strategies and we can begin developing our own individual ideas. Think about the list we just generated. My ideas are also in your participant guide, if you'd like to look back at those, as well.	DO : Link the participant guide into the chat again. Once the Facilitator is done speaking, start the timer.
			 We're going to take 10 minutes to Identify three things you believe might help you to do at the time a patient dies. Identify three things you can start doing now to develop resiliency to support you when a patient dies. I'll see you back here at (identify time). 	

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26	2 min	Communicating About EmotionBerg understood is a basic human need.Image of the problem of the	 SAY: Being understood and accepted are essential human needs, but it can sometimes be hard to communicate when you have strong emotions. a. Take time to reflect, if you need it. You don't have to communicate every thought or feeling as it happens - you deserve time to grapple with it and put it into words if you want it. b. Take a deep breath. c. Be ok with messiness You can have more than one emotion at a time. Being a human being is messy. d. Practice naming your emotions. Sometimes, this is much easier said than done. e. Practice self-advocacy. You deserve to be understood and have your needs met. Find the right time so that the other person can really listen to you, and then state what you need. More on that in a moment. 	
27	3 min	Assertive Self-Advocacy	SAY: Your needs are non-negotiable. However, you need to communicate those needs to others, and the way that your needs are met might require some negotiation. Whether your need is in your personal relationships or with your employer, the steps are the same.	

SAY: Here are some assertive statements that advocate for a person's needs. See if you can find each of the first four steps in them.	
"I need time off (identifying the need) because I am struggling to cope (reason) with my feelings (emotion) about losing a patient yesterday. I would like to take the next two days off to regroup so that	
I can better meet the needs of my patients (clear request)." "I need some one on one time with you doing something productive, like gardening (need), because I'm feeling really frustrated (emotion) about things at work, and though I can't talk to you about the details,	
I just need some companionship to feel more grounded (why)." "I need to be alone for a little while so that I can process the feelings of guilt and shame I feel about losing a patient. I would like to go to the	
cabin this weekend by myself." "I need to have a change in my work environment because I feel overwhelmed in the role that I'm in right now. I would like to move to a new department by the end of the month."	
Let them know how much it means to you to be heard and give them time to ask questions. Here's a possible closing statement for your boss after asking to be transferred to a new department.	
"I know it's hard to shuffle people around, but I appreciate how generous you've been with your time today and I'm sure that we can find some way to make it work so that my needs can be met. Do you have ideas or questions around this?"	

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			You are protected under the Family and Medical Leave Act in taking time off due to stress related issues, which are considered a type of medical leave. When talking to your employer, be sure to document your discussion and get your agreement in writing. Refer to your employment handbook for more information about requesting a medical leave.	
28	7 min	<image/> <image/> <section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	Breakout rooms SAY: Let's practice some of that language. Figuring out what to say in advance and rehearsing it is one strategy that can help you find success. We won't spend a lot of time on this since every situation is so unique, but it can be helpful to hear from a few other people about how they might word something before you have to find a way to say it in your own situation. SAY: We're going to move into breakout rooms for the next six minutes where you'll have a chance to practice using assertive communication to advocate for your needs in two scenarios. In the first scenario, you need to ask for time off from work because of a stressful event. In the second scenario, you need to advocate with your family at home about your needs after the death of a patient.	Breakout rooms DO: When the facilitator is done speaking, move the participants into breakout rooms of 3-5 (4 preferred) depending on the number of attendees. As soon as participants are in the breakout room, share Scenario 1 with the breakout rooms: "You are feeling a flood of emotions after one of your long-term patients dies in an accident and feel as though you are not performing well in your job. Ask your boss for time away from the job to heal." After three minutes, share Scenario 2 with the breakout rooms: "While doing rotations, you witness a

				young patient die from complications of pneumonia. Having a family member roughly the same age, it hit you very hard. Communicate with your family about having your needs met."
				Watch the chat and the breakout rooms to ensure that anyone needing help is receiving it.
				When there are 2 minutes remaining in the breakout room sessions, send a message to all breakout rooms that the time is nearly up. "There are 2 minutes left in this breakout session."
29	3 min	Summary Image: Constant of the second seco	SAY: Today, we spent some time looking at the effects, both short and long-term, on medical professionals after the death of a patient. Physical effects included headaches, trembling, nausea, and disturbances in sleep. Mental effects included depression and negative thinking. Emotional effects included a feeling of numbness, losing confidence, and anxiety. Social effects included loneliness, a lack of empathy, and isolation. We talked about the connection between the mind, our emotions, the	

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			 physical body, and our behavior, noting that an interruption in any one of these avenues can impact our experience. This is why healthy coping skills are important. We brainstormed some healthy coping skills and you constructed a rough plan of three action steps to take in the short term and three action steps to take to begin developing long-term resilience. And, finally, we practiced assertive self-advocacy - naming our emotions and clearly stating what we need. 	
30	1 min	Word Cloud	Slido Word Cloud Intro SAY: As we begin to wrap up here today, we're going to create one more word cloud with ideas, thoughts, and feelings that you will take away from this training session. SAY: Go to Slido again and type in a few words or phrases, one at a time, that captures what you're thinking. Hit return after each entry.	Slido Word Cloud Intro DO: Make sure the second Word Cloud session is active - labeled "Takeaways.". Copy and paste poll link and code into the chat. Watch the chat for people who are having difficulty and offer tech support if needed.
31	2 min		Slido Word Cloud Results DO: Respond, as necessary or appropriate, to the word cloud forming.	Slido Word Cloud Results DO: Double check that the results of the poll shown on the screen are clear, centered, and match the numerical results of the poll on

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		Join at solution of phrase lyour word of phrase lyour word dig to feel? How did it affect you? You have the several words of phrases lyou would like, hit enter after each of the several words of phrases lyou would like, hit enter after each of the several words of phrases lyou would like, hit enter after each of the several words of phrases lyou would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyou would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words of phrases lyour would like, hit enter after each of the several words		Slido.com. Watch the chat and provide technical assistance as needed. As the slide deck is moved past this poll, Slido will ask if we want to reset the poll. Do not reset at this time; we will reset all the polls after the session is complete in case we want to return to the data later. Keep the poll open until the session is complete.
32	2 min	<text></text>	 SAY: Before we depart, I have a challenge for you. 1) Finish developing your action plan. Put it in a place that is prominent where you can reflect on it regularly. 2) Find a trusted colleague to talk to about these topics. Ask about their experiences. Start practicing open communication and normalizing the humanity of the profession. 3) And finally, make one preventive health care appointment. You are definitely worth caring for and deserve the same loving care you provide others. Thank you all so much for your time and attendance. I hope that this session was valuable. If you'd like to remain, we have time for a Question and Answer session now, or, if you need to go on with your day, feel free. We're 	DO: Open the Slido Q&A session.

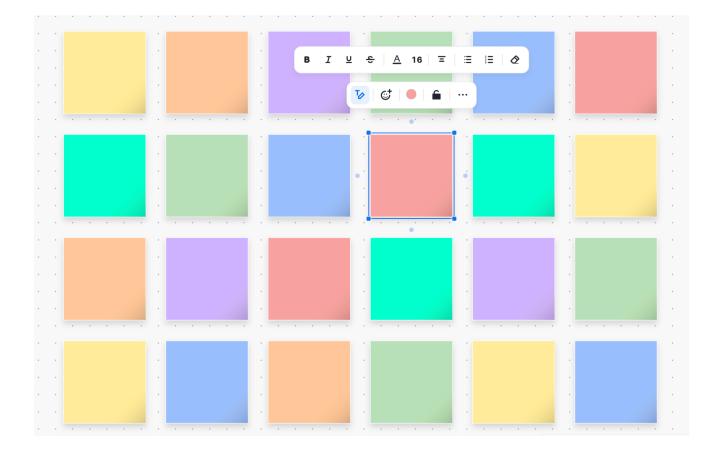
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			thankful for the care you provide.	
33	10 min	Live Archive Price 0 <t< td=""><td>Q&A SAY: You can put your questions or comments in the Slido site or vote for other questions that you would also like to see answered. DO: Respond to questions and comments, facilitated by the Producer.</td><td> Slido Q&A DO: Monitor the Slido Q&A site. Copy and paste poll link and code into the chat. Watch the chat for people who are having difficulty and offer tech support if needed. </td></t<>	Q&A SAY: You can put your questions or comments in the Slido site or vote for other questions that you would also like to see answered. DO: Respond to questions and comments, facilitated by the Producer.	 Slido Q&A DO: Monitor the Slido Q&A site. Copy and paste poll link and code into the chat. Watch the chat for people who are having difficulty and offer tech support if needed.
		* Note that this is a sample. The actual slide will look different based on participant answers.	SAY: Ok, that is the amount of time that we have today. Please do look through the resources in your employee handbook and in the participant guide to learn more. Have a wonderful day!	Look at the questions or comments coming in and highlight those that are important for the facilitator to respond to. Unmute and read those questions (no more than 3-4) or comments (one at a time, leaving time for facilitator response).

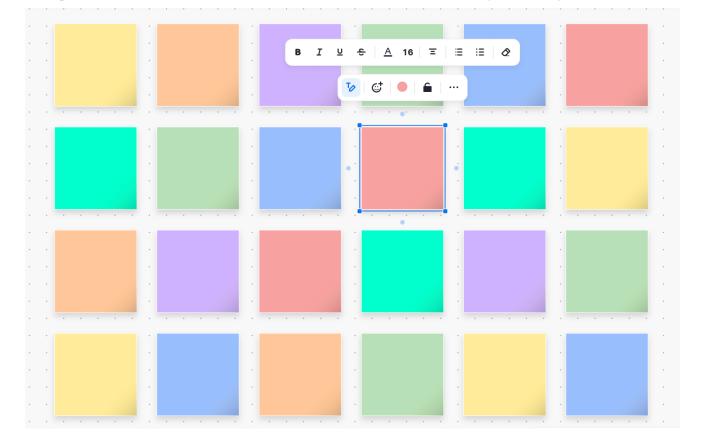
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Supplementary Materials

Page A - Zoom Whiteboard Share Template (Slide 12: Breakout Room Group Share)



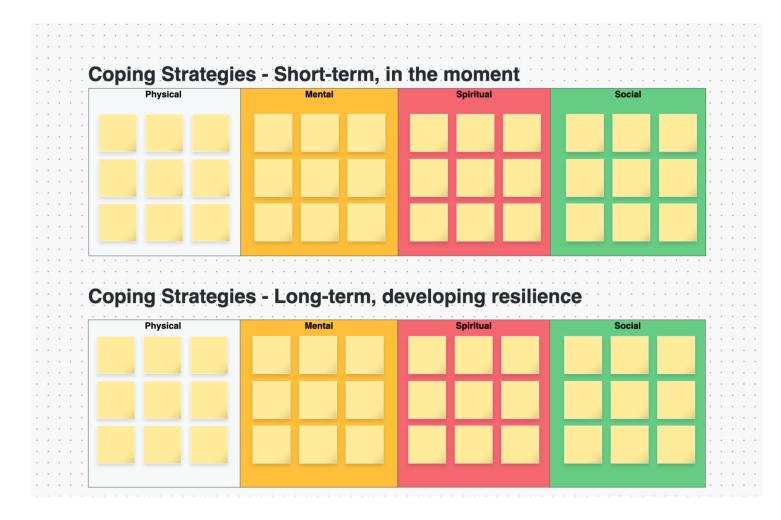
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Page B - Zoom Whiteboard Share Template (Slide 18: Individual Writing Reflection Group Share)

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Page C - Zoom Whiteboard Share Template (Slide 20: Breakout Room Brainstorm Organizer)



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Slido.com Poll Questions

#	Slide #	Туре	Question	Answer Choices	Settings
1	3	Multiple Choice	Have you experienced the death of a patient?	YesNo	No multiple options No pie chart No poll description No "hide live results"
2	7	Multiple Choice	What did you experience around processing the experience after the death of a patient? (If you have experienced more than one death, focus on the most recent.) Select as many as are relevant to your situation.	 No discussion outside death pronouncement. Only a medical discussion among the team. Acknowledgement of the human event and/or person in addition to discussion of the medical event with the team / individuals in the room. Discussed the death with a friend, family member, or spiritual leader. Discussed the death and/or its effects on me with a trained mental health provider. Discussed the death with a support group. I have not yet experienced the death of a patient. 	YES multiple options No pie chart No poll description No "hide live results"
3	11	Word Cloud	Think about your experiences with patient death. Type in a word or phrase about your personal experiences - how did you feel? How did it affect you?	n/a	Allow multiple answers Enable profanity filter Set character limit (20) No poll description No "hide live results"

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			You can type several words or phrases if you would like; hit enter after each one.		
4	15	Audience Q&A	n/a	n/a	Set so that questions need to be reviewed
5	24	Open Text	What are some other healthy coping strategies we should add to the list?	n/a	Allow multiple answers Show respondent names No poll description No hide live results
6	31	Word Cloud	What will you take away from this training session?	n/a	Allow multiple answers Enable profanity filter Set character limit (25) No poll description No "hide live results"
7	33	Audience Q&A	n/a	n/a	Set so that questions need to be reviewed

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Resources

Employee Handbook

Please see your employee handbook for the most current information about:

- Requesting time off
- Mental health benefits
- Mindfulness classes
- Family and Medical Leave Act (FMLA)
- Employee Assistance Plan
- Gym membership
- Preventive Care Visits

All of these benefits are yours as a valued member of this medical team and can help you after a patient dies.

Quiet Spaces in the Hospital

There are several locations for quiet contemplation and reflection when you need time to step away from patient care.

- There are 6 Serenity Spaces throughout the hospital that are dedicated spaces for staff to recharge. 4 of them (in the emergency, oncology, NICU, and Psychiatric ICU departments) are equipped with zero-gravity massage chairs and are available to any staff member in the hospital.
- A small exercise / yoga room on the -1 level is available for staff use.
- The non-denominational chapel is open 24/7 for anyone. It may be locked after 10pm, but any member of the maintenance staff can open it.
- The central courtyard can often offer a place of respite and quiet.
- Family bathrooms are equipped with 2 lactation rooms. Please use this space conscientiously so as not to impede mothers needing to pump or nurse their babies.

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Within walking distance of the campus are several churches, parks, and government buildings that can provide a needed change of scenery and respite during times of stress.

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Grief Support Groups

Virtual Grief Support Group Meets monthly. Contact: XXX

Downtown Coalition for Grief Support meets Saturdays 9:30-11:30 a.m. Location varies. http://mplsgriefsupport.com/

Capital City Grief Coalition meets Thursday evenings 5:30-7:00 p.m. Location varies. Contact XXX

Bloomington Richfield Grief Coalition https://brgriefcoalition.com/

Edina Coalition for Grief Support https://edinagriefsupport.org/

West Suburban Grief Coalition https://westsuburbangriefmn.org/ Southwest Grief Coalition https://www.swgriefcoalition.org/

Growing Through Loss – Twin Cities South Suburban https://www.growingthroughlosstcsout h.com/

Twin Cities North Suburban Grief Support Coalition http://www.growingthroughloss.org/

The Compassionate Friends supporting family after a child dies https://www.compassionatefriends.org/

Family Means Center for Grief & Loss https://www.griefloss.org/

Brighter Days Grief Center https://www.brighterdaysgriefcenter.or g/

The Grief Club of Minnesota https://griefclubmn.org/ Coping Strategies After Patient Death for Medical Professionals vILT Facilitator Guide Page 52 of 55

She Climbs Mountains https://www.sheclimbsmountains.org/

Mental Health Resources

Minnesota Mental Health Resources http://www.mhresources.org/

National Alliance on Mental Illness (NAMI) Minnesota https://namimn.org/support/information-and-resources/general-mental-health-resources/

Ramsey County Mental Health and Crisis Services https://www.ramseycounty.us/residents/health-medical/clinics-services/mental-health

MN Department of Human Resources Mental Health Services <u>https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/</u>

Amherst H. Wilder Foundation https://www.wilder.org/what-we-offer/mental-health-wellness-services

The Mental Health Center at Regions Hospital https://www.healthpartners.com/care/hospitals/regions/specialties/mental-health/

Better Help - online mental health services www.Betterhelp.com

Talkspace - online mental health services

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www.talkspace.com

Teladoc - online mental health services www.teladoc.com

GRIEV_ING Death Notification Protocol Course

Notifying a family about a loved one's death is the most difficult, emotionally laden communication that physicians must perform. The "GRIEV_ING" course provides emergency physician educators with a practical, efficient, easy-to-teach intervention proven to enhance death notification skills.

Normally offered to resident emergency doctors during medical training, this two-hour course will be offered in January and June through our facility for all interested doctors.

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St. Paul Community Education Catalog

We strongly encourage you to explore your passions and hobbies outside of care for others. Perhaps you'd like to take a class in American Sign Language (ASL), clay sculpture, learn to play racquetball, or cook a Thai dish. As a member of this medical team, you receive 15% off class enrollment in the St. Paul Community Education classes.

https://www.spps.org/Page/83