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Monthly “Grief Rounds” to Improve Residents’ Experience and Decrease Burnout in a Medical Intensive Care Unit Rotation

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Medical residents rotating through the medical intensive care unit (MICU) are regularly exposed to dying patients. Yet residents consistently report that they are not trained in palliative care or end-of-life issues. Nor are many medical residents adequately prepared for the emotional toll the day-to-day care of dying patients may exact on them. Trainees often incorrectly perceive patients’ death to be a personal failure, or experience burnout—a state of emotional exhaustion that leads to depersonalization and a sense of low personal accomplishment. Forums for discussion of issues related to death in the ICU have been shown in prior studies to improve the experience for medical residents.^{1,2} We hypothesized that monthly “Grief Rounds” also might reduce levels of resident burnout.

We developed and implemented “Grief Rounds,” a monthly forum for residents rotating through the MICU to discuss issues surrounding the deaths of patients they cared for on their rotation. The monthly sessions were designed as an open forum for residents to discuss emotionally complex patients, difficult team dynamics, and other stressors they encountered related to deaths during their rotation. These rounds also were created as a means to help residents process death and dying and avoid burn-out. Grief Rounds were facilitated by one palliative care and one MICU attending physician. The rounds were also open to MICU fellows and other MICU attending physicians in addition to the rotating interns and residents.

Using a tool derived from the Maslach Burnout Scale, respondents were asked to rate various statements to assess their baseline level of burnout and their comfort with caring for critically ill dying patients. Statements included “I leave work at the end of the day feeling emotionally drained,” “I wish that I had chosen another career path,” and “I feel dis-connected when one of my patients dies.” Residents were asked to rate their response to these statements on a scale of Never, Seldom, Sometimes, or Often. Results revealed high levels of baseline burnout. We also used an online survey to ask residents about their perception of Grief Rounds and its impact on feelings associated with burnout. When asked to rate the utility of Grief Rounds, 77% of respondents agreed or strongly agreed that Grief Rounds improved their ICU experience and felt that Grief Rounds should be incorporated into all ICU rotations. We plan to continue administering the survey to assess if Grief Rounds can have an impact on levels of resident burnout.

Grief Rounds may be a way to address issues medical residents face surrounding the care of dying patients in the MICU. Levels of burnout among medical residents in our MICU are high and Grief Rounds may be an effective intervention to reduce burnout and improve the resident MICU experience.

References

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